

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90052 046 ****61.25

DOCUMENT # N93000002898 1. Entity Name DISTRICT NINE, INC.					
Principal Place of Business 10 HOLLYWOOD BLVD. S.E. FT WALTON BEACH, FL 32548				Mailing Address 10 HOLLYWOOD BLVD. S.E. FT WALTON BEACH, FL 32548	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3187584	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STAFFORD, BARRY 10 HOLLYWOOD BLVD. S.E. FT WALTON BEACH, FL 32548				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Danny Stafford</i></u> 3/17/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☒ Delete	TITLE	P	☒ Change ☐ Addition
NAME	HOFFMAN, LARRY		NAME	Robert Hudgens	
STREET ADDRESS	1339 B GREEN ACRES BLVD.		STREET ADDRESS	Beal Parkway	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547		CITY-ST-ZIP	Fort Walton Beach, FL 32547	
TITLE	T	☒ Delete	TITLE	T	☒ Change ☐ Addition
NAME	HENKE, JANCE		NAME	Jo Ann Revell	
STREET ADDRESS	2107 AIRPORT ROAD		STREET ADDRESS	726 Thomas Drive	
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP	Panama City, FL 32408	
TITLE	D	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	PETERSON, DALE E		NAME	Roland Guidry	
STREET ADDRESS	321 HIGHWAY 98 E		STREET ADDRESS	720 Gulf Shore Drive	
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP	Destin, FL 32541	
TITLE	D	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	STECKBAUER, WILLIAM		NAME	Gary McCormick	
STREET ADDRESS	702 S. TYNDALL PARKWAY		STREET ADDRESS	6570 Bellingham St	
CITY-ST-ZIP	PANAMA CITY, FL 32504		CITY-ST-ZIP	Navarre, FL 32566	
TITLE	D	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	MORGAN, WARREN		NAME	Julia Harbols	
STREET ADDRESS	8851 NAVARRE PARKWAY		STREET ADDRESS	165 Wildflower Lane	
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	D	☒ Delete	TITLE	D	☒ Change ☐ Addition
NAME	BOWMAN, MARIE		NAME	Lisa Gifford	
STREET ADDRESS	592 S FERDON BLVD		STREET ADDRESS	6000 Kingswood Road	
CITY-ST-ZIP	CRESTVIEW, FL 32539		CITY-ST-ZIP	Milton, FL 32570	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> 3/17/04 850 243-6145 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					