2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 08:00 AM Secretary of State

1. Entity Nam	MENT # P00000051 PERS OF PENSACOLA, INC.	89			Secretary of State
1231 DRIFTWOOD DRIVE 1231 D		Mailing Address 1231 DRIFTWOOD DRIVE PENSACOLA, FL 32503	1 DRIFTWOOD DRIVE		Saint aant want sant sant aan sant water shak shak twa hataat i had
C	O NOT WRITE 5. Name and Address of Current Re			04142004 4. FEI Numb 59-362	
			DO NOT WRITE IN THIS SPACE		
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 Signature, typed or protect name of registered agent and tall if applicable. (NOTE: Registered Agent signature required when renstating) DATE:					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				00 May Be ed to Fees	U00000110202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, TRICIA L 1231 DRIFTWOOD DRIVE PENSACOLA, FL 32503	RECTORS		, , , , , , , , , , , , , , , , , , , ,	04/19/04-80050-019 150.00
NAME STREET ADDRESS CITY-ST-ZIP					
THILE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 report 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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: