

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000070032

Entity Name: PENSACOLA BEACH PIER, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

435 CREARY ST
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

P O BOX 17627
PENSACOLA, FL 32522

New Mailing Address:

435 CREARY ST
PENSACOLA, FL 32507

FEI Number: 59-3664032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOULE, JOHN F
435 CREARY ST
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SOULE, JOHN F
Address: P O BOX 17627
City-St-Zip: PENSACOLA, FL 32522

Title: D () Delete
Name: SOULE, SUSAN W
Address: P O BOX 17627
City-St-Zip: PENSACOLA, FL 33522

Title: D (X) Delete
Name: MERRILL, J COLLIER
Address: 192 N PALAFOX ST
City-St-Zip: PENSACOLA, FL 32501

Title: D (X) Delete
Name: SWITZER, ROBERT B
Address: 1401 TARRAGONA ST
City-St-Zip: PENSACOLA, FL 32501

Title: D (X) Delete
Name: PARKER, MICHAEL C DMD
Address: 8630 UNIVERSITY PKWY
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SOULE, JOHN F
Address: 435 CREARY STREET
City-St-Zip: PENSACOLA, FL 32507

Title: D (X) Change () Addition
Name: SOULE, SUSAN W
Address: 435 CREARY STREET
City-St-Zip: PENSACOLA, FL 32507

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN F SOULE

PD

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date