


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000083376</b>	
<b>1. Entity Name</b> PENSACOLA REAL ESTATE HOLDINGS V, INC.	

<b>Principal Place of Business</b> 2 N PALAFOX STREET PENSACOLA, FL 32502	<b>Mailing Address</b> 2 N PALAFOX STREET PENSACOLA, FL 32502
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01102005 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 59-3667947	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  MCCRORY, SONDR 2 N PALAFOX STREET PENSACOLA, FL 32502
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> PD	<b>NAME</b> BELL, SCOTT J
<b>STREET ADDRESS</b> 2 N. PALAFOX STREET	<b>CITY - ST - ZIP</b> PENSACOLA, FL 32502
<b>TITLE</b> SD	<b>NAME</b> FOSTER, DANA R
<b>STREET ADDRESS</b> 2 N. PALAFOX STREET	<b>CITY - ST - ZIP</b> PENSACOLA, FL 32502
<b>TITLE</b> DT	<b>NAME</b> TOLAN, JOHN J JR
<b>STREET ADDRESS</b> 2 N. PALAFOX STREET	<b>CITY - ST - ZIP</b> PENSACOLA, FL 32502
<b>TITLE</b> D	<b>NAME</b> TREHERN, W. EDWARD
<b>STREET ADDRESS</b> 2 N. PALAFOX STREET	<b>CITY - ST - ZIP</b> PENSACOLA, FL 32502
<b>TITLE</b> D	<b>NAME</b> ST. PE, GERALD
<b>STREET ADDRESS</b> 2 N. PALAFOX STREET	<b>CITY - ST - ZIP</b> PENSACOLA, FL 32502
<b>TITLE</b> D	<b>NAME</b> HOLLOWAY, J.L.
<b>STREET ADDRESS</b> 2 N. PALAFOX STREET	<b>CITY - ST - ZIP</b> PENSACOLA, FL 32502

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**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:**  **1/10/05 850-430-0187**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR