


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90047 022 ***150.00

| | |
|---|---|
| DOCUMENT # P01000000735 |  |
| 1. Entity Name ACCU-PROP OF PENSACOLA, INC. | |

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| Principal Place of Business 805 S. PACE BLVD. PENSACOLA FL 32501 | Mailing Address 805 S. PACE BLVD. PENSACOLA FL 32501 |
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| 2. Principal Place of Business 805 S. PACE BLVD. | 3. Mailing Address 805 S. PACE BLVD. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|-------------------------------------|-------------------------------------|
| City & State PENSACOLA FL | City & State PENSACOLA FL |
| Zip 32501 | Zip 32501 |
| Country | Country |



1st MOORE CR2E034 (10/04)

| | |
|------------------------------------|--|
| 4. FEI Number 59-3691350 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|---|---|
| 6. Name and Address of Current Registered Agent MASSEY, JACQUELINE D 805 S. PACE BLVD. PENSACOLA FL 32501 | 7. Name and Address of New Registered Agent 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVTS MASSEY, JACQUELINE D 2241 INVERNESS DR. PENSACOLA FL 32503 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Jacqueline D. Massey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05 850-439-0100
Date Daytime Phone #