

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000006441

1. Entity Name
ENCORE PENSACOLA, INC.



Principal Place of Business
710 N. SPRING ST.
PENSACOLA, FL 32501

Mailing Address
710 N. SPRING ST.
PENSACOLA, FL 32501



04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3697391

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAIG, SANDRA
710 N SPRING ST
PENSACOLA, FL 32501

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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 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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000351071
05/02/05-80130-009 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME CRAIG, SANDRA
STREET ADDRESS 3715 TIGER POINT BLVD
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE P
NAME CRAIG, FRED
STREET ADDRESS 3715 TIGER POINT BLVD
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE VP
NAME ABNER, JANE
STREET ADDRESS 336 CRESTVIEW LN
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____