

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90837 037 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         |                                                                                                                                         |
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| <b>DOCUMENT # P01000006441</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                         |                                                        |
| 1. Entity Name<br><b>ENCORE PENSACOLA, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         |                                                                                                                                         |
| Principal Place of Business<br><b>710 N SPRING ST<br/>PENSACOLA, FL 32501</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                         | Mailing Address<br><b>710 N SPRING ST<br/>PENSACOLA, FL 32501</b>                                                                       |
| 2. Principal Place of Business - No P.O. Box<br><b>710 N Spring St</b><br>Suite, Apt #, etc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         | 3. Mailing Address<br><b>Same</b><br>Suite, Apt #, etc                                                                                  |
| City & State<br><b>Pensacola Fla</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                         | City & State<br><b>Same</b>                                                                                                             |
| Zip<br><b>32501</b> Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                         | Zip<br><b>Same</b> Country<br><b>USA</b>                                                                                                |
| 4. FEI Number<br><b>59-3697391</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                         | Applied For<br>(Not Applicable)                                                                                                         |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         |                                                                                                                                         |
| 6. Name and Address of Current Registered Agent<br><b>CRAIG, SANDRA<br/>710 N SPRING ST<br/>PENSACOLA, FL 32501</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 <u><i>Sandra A Craig</i></u> DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         |                                                                                                                                         |
| <b>FILE NOW!!! FEE IS \$180.00<br/>After May 1, 2007 Fee will be \$850.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                         | 9. Election Campaign Financing<br>Trust Fund Contributor <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                    |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | P<br>CRAIG, SANDRA<br>3715 TIGER POINT BLVD<br>GULF BREEZE, FL 32561<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | P<br>CRAIG, FRED<br>3715 TIGER POINT BLVD<br>GULF BREEZE, FL 32561<br><input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | VP<br>ABNER, JANE<br>336 CRESTVIEW LN<br>GULF BREEZE, FL 32561<br><input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 as otherwise empowered. |                                                                                                         |                                                                                                                                         |
| SIGNATURE: <u><i>Jane Abner VP</i></u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                         | 4/25/07 850-434-2521<br>Date Date-Phone                                                                                                 |

*May 17, 2007*  
*JANE ABNER*