2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2006 08:00 AM

ANNOAL REPORT					, Secretary of State			
DOCUMENT # P01000033952 1. Entity Name PALAFOX PIER II, INC.							v	
Principal Place of Business Mailing Address								
3250 W NAVY BLVD P.C		P.O BOX 12346 PENSACOLA, FL 32591	P.O BOX 12346		e stanceast en	वेदीका राहरो सकाम दिवाग व		rvatral (t frag
2. Principal Place of Business		3. Malling Address						
Suite, Apt. If, etc.		Suite, Apt. #, etc.		02032008	Chg-P	CR2E034 (11/05)	
City & State		City & State		4. FEI Number Applied For 59-3709087 Not Applicable				
Z)p	Country	Zip Coul				of Status Desired	Fee Requir	
6. Name and Address of Current Registered Agent					7. Name and	Address of New	Registered Agent	
BIZZELL, THOMAS M				lame	;			
	AVY BLVD DLA, FL 32505	~		Street Address (P.O. Box Number is Not Acceptable)				
			C	жу			E) Zip Co	qe
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 a							1	
the obligations of registered agent								
SIGNATURE Signature, typed of printed neme of registered agent and title if applicable. — (NOTE Registered Agent aignature required when relications) DATE								
FILE NOWIII FEE 13 \$150.00 S. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTO	RS IN 11
THTLE	PD	☐ Delete	TITLE				☐ Change	Addition
NAME	HUNT, WILLIAM		name	1				}
STREET ADDRESS CITY-ST-ZIP	·		STREET AL	.)	00000045031 4 03709706 -80088-022_150,00			
TITLE	VO	☐ Defete Til			Change Addition			
NAME	La perete		NAME	ļ			C1 01121180	
STREET ADDRESS	3881 N. PALAFOX ST.	•	STREET AC	DORESS				ĺ
CITY-ST-ZIP	PENSACOLA, FL 32505		CITY-ST-	2119				ļ
TITLE	STD	☐ Delete	DILE				☐ Change	☐ Addition
NAME	MCDAVID, R M		NAME					_ {
STREET ADDRESS	717 S PALAFOX STREET	•	STREET AS	DIPIESS				ĺ
CITY-ST-ZIP	PENSACOLA, FL 32501	<u> </u>	CITY-ST-	ZIP				{
TITLE		☐ Delete	TALE	1			Change	Addition {
NAME			name					1
STREET ADDRESS CITY-ST-ZIP		:	SIREET AC	- 1				}
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THLE		Delete	HILE				☐ Change	☐ Addillon
NAME]		NAME				_ -	
STREET ADDRESS			STREET AD	}				}
CIT-ST-IP CIT 12. I hereby cartily that the information supplied with this filing does not qualify for the ex			CITY-SI-					
	nactice that the information according with	this filling close not greatily for t	the evene	hardemon anoit	in Chapter 119	Florida Statutae	I further earlifu that the	information

included on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 it changed, or on an attachment with an address, with all other like empowered.

William A. Hunt 7 2 - 21 - 66 (8cm) 4-77 according to the changed of the corporation of the composition of 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 it changed, or on an attachment with an address, with all other like empowered.