

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90017 035 \*\*\*150.00

**DOCUMENT # P01000033952**

1. Entity Name  
**PALAFox PIER II, INC.**



Principal Place of Business  
**3250 W NAVY BLVD  
PENSACOLA, FL 32505**

Mailing Address  
**P.O BOX 12346  
PENSACOLA, FL 32591**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

**59-3709087**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**BIZZELL, THOMAS M  
3250 W NAVY BLVD  
PENSACOLA, FL 32505**

## 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME HUNT, WILLIAM  
STREET ADDRESS 650 W. OAKFIELD ROAD  
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE VD ☐ Delete  
NAME WHITESELL, JR, W.K.  
STREET ADDRESS 3881 N. PALAFOX ST.  
CITY-ST-ZIP PENSACOLA, FL 32505

TITLE STD ☐ Delete  
NAME MCDAVID, R M  
STREET ADDRESS 717 S PALAFOX STREET  
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2023 Escambia Ave.**  
CITY-ST-ZIP **Pensacola, FL 32503**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

*William A. Hunt*

William A. Hunt

12-07-08

477-0588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #