2007 FOR PROFIT CORPORATION -ANNUAL REPORT (AR)

## Mar 22, 2007 08:00 A Secretary of State DOCUMENT # P02000017269 1. Entity Namo W AND J INVESTMENTS OF PENSACOLA, INC. Mailing Address Principal Place of Business 250 TERRY DR. PO BOX 6398 PENSACOLA FL 32503 PENSACOLA FL 32503 3. Mailing Address 2. Principal Place of Business - No P O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 03-0400022 Not Applicable Zip Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRAGALE, PETER J JR Street Address (P.O. Box Number is Not Acceptable) 250 TERRY DR. PENSACOLA FL 32503 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Sonature, typed or profed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change HH Delete ш Addition FRAGALE, PETER J JR NAMI NAMI 250 TERRY DR. STREET ADDRESS STREET ADDRESS PENSACOLA FL 32503 CITY - ST- ZIP City-St-7IP U000000675720 Change ☐ Addition Delete TITLE 1000 NAME NAME 03/30/07-80029-018 150.00 STREET ADDRESS STRUCT ADDRESS CHY-SI-7IP CITY-ST-ZIP Change пил noibbbA 🗍 Delete THU NAM NAME STREET ADDRESS STRUCT ADDRESS CHY-S1-7IP CHY-SI-ZIP ☐ Delete ☐ Change ☐ Addition THE TITLE. NAMI NAME STRUCT ADDRESS STREET LADDRESS CHY-SI-ZIP CITY ST-7IP Change Ш Addition ☐ Defete HIII NAMI. NAMI STRUT ADDRESS STREET LADDRESS CHY-S1-7IP CHY-SI-7P Change Addition TITLE ☐ Delete 1000 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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:

TIRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/07 850-478-4761

FILED