2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2007 08:00 A Secretary of State

ANNUAL REPORT					rep 10, 200/ 00:			
DOCUMENT # P03000094420						Secret	ary of S	
1. Entity Nam-	e OCERIES OF PENSACOLA							
0,7,2 0,1		,						
Principal Place	e of Business	Mailing Address						
2500 NORTH E ST 2500 NORTH E ST								
PENSACOLA,	FL 32505	PENSACOLA, FL 32505					» Nam Barran 11 1841	
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· · · · ·				01092007	No Chg-P	CR2E034 (1	1/05)	
Ľ	O NOT WRITE	IN THIS SP	ACE	4. FEI Numbe			Applied For	
				74-310		\$8.7	Not Applicable 75 Additional	
	77 F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	<u> (1983 - 1994)</u>	5. Certificate	of Status Desired		Required	
	6. Name and Address of Current R	legistered Agent						
STURGEN, WILLIAM M JR				DO.	NOT W	RITE		
2253 COUNTRY PLACE CIR PENSACOLA, FL 32534					THIS SF	1423		
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			3 4	in the same	prair bold ;			
	named entity submits this statement for tions of registered agent.	the purpose of changing its regi	stered office or register	red agent, or bo	th, in the State of Flo	orida. I am famili	ar with, and accept	
CIONATURE								
SIGNATURE.	Signature, typed or printed name of registered agent at	nd title if applicable. (NOTE: Reg	istered Agent signature requires	d when reinstating)		DATE		
FIL After M	.E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaign F Trust Fund Contribut		.00 May Be led to Fees				
10.	OFFICERS AND D	DIRECTORS		100 100 100	alcheriff Lange	1961 1920	Mark Property	
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12: Thereby certify that the information supplied with this filling 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 to 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

2/16/07

Daytime Phone #