2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State
02-02-2006 90034 015 ***150.00

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1. Entity Name
PENSACOLA RESEARCH CONSULTANTS, INC.

60010181

01232006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
5700 N. DAVIS HWY SUITE #4 PENSACOLA, FL 32503	5700 N. DAVIS HWY SUITE #4 PENSACOLA, FL 32503

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 51-0481579 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KELLAR, LARRY D 201 EAST GOVERNMENT ST PENSACOLA, FL 32502	Name: Theodore E. LaPointe III Street Address (P.O. Box Number is Not Acceptable): 5700 N. DAVIS HWY Suite # 4 City: PENSACOLA FL Zip Code: 32503

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: Theodore E. LaPointe III 1/30/06
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLOYD, TAMARA L 5700 N DAVIS HWY, SUITE 4 PENSACOLA, FL 32503	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C DAVID E. PHILLIPS 5700 N. DAVIS HWY STE # 4 PENSACOLA, FL 32503	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Theodore E. LaPointe III 5700 N. DAVIS HWY. STE # 4 PENSACOLA, FL 32503	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TONYA K. POWELL 5700 N. DAVIS HWY STE 120 PENSACOLA, FL 32503	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 all other like empowered.

SIGNATURE: Theodore E. LaPointe III 1/30/6 850-418-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #