

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000122517	
1. Entity Name PENSACOLA POWER, INC.	

Principal Place of Business 1303 N GREEN STREET PENSACOLA FL 32505 US	Mailing Address 1303 N GREEN STREET PENSACOLA FL 32505 US
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DO NOT WRITE IN THIS SPACE



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMAS, WALTER M 332 N. 61 STREET PENSACOLA, FL 32506
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IN THIS SPACE

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: <i>Walter M Thomas</i> (P) <i>WALTER M. THOMAS</i>	DATE: <i>4-6-06</i>
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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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U00000502074
04/25/06-80088-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, WALTER M 332 N. 61 STREET PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEEB, VALERIE D 1303 N. GREEN STREET PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WIGGINS, JODI A 6525 MARIANA DRIVE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

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: <i>Walter M Thomas</i> <i>WALTER M. THOMAS</i>	DATE: <i>4/6/06</i>	DAYTIME PHONE: <i>850-232-5927</i>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR