2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P04000126265

PHARR BOUNDS HOLDINGS INC

FILED Apr 30, 2007 08:00 All Secretary of State

Principal Place of Business

1306 E. CERVANTES ST.

SUITE C

PENSACOLA, FL 32501

PHARR, JOHN T JR.

1306 E CERVANTES ST.

Mailing Address

1306 E. CERVANIES ST.

SUITE C

PENSACOLA, FL 32501



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04202007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1568361

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

SUITE C PENSACOLA, FL 32501			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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. NOTE: Registered Agent signature required when reinstating) \$5.00 May Be Added to Fees		\$5.00 May Be	DATE
10. TITLE NAME STREET ADDRESS CITY-ST-7IP	OFFICERS AND DIRECT P PHARR, JOHN T JR. 1306 E. CERVANTES ST. SUITE C PENSACOLA. FL 32501	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOUNDS, ALBERT A III 1306 E. CERVANTES ST. SUITE C PENSACOLA, FL 32501				U00000747095 05/17/07-80013-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
THTLE MAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS	· .				

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 of the corporation or the receiver or trusted 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 w

SIGNATURE: _

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

E OF SIGNING OFFICER OR DIRECTOR