

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

01-11-2007 90056 025 ***150.00

DOCUMENT # P06000082406					
1. Entity Name D & S OF PENSACOLA, INC.					
Principal Place of Business 4419 CEDARBROOK CIRCLE PENSACOLA, FL 32526			Mailing Address 4419 CEDARBROOK CIRCLE PENSACOLA, FL 32526		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01052007 Chg-P CR2E034 (12/06) 4. FEI Number 20-5080424 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		
RAWLS, DEBRA C 4419 CEDARBROOK CIRCLE PENSACOLA, FL 32526			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when retaining)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CROSBY, SANDRA K		NAME		
STREET ADDRESS	10321 EDENDALE ROAD		STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RAWLS, DEBRA C		NAME		
STREET ADDRESS	4419 CEDARBROOK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME	President	
STREET ADDRESS			STREET ADDRESS	10321 Edendale Road	
CITY-ST-ZIP			CITY-ST-ZIP	Cantonment, Florida 32533	
TITLE		☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME	VP/Sec.	
STREET ADDRESS			STREET ADDRESS	William R. Rawls	
CITY-ST-ZIP			CITY-ST-ZIP	4419 Cedarbrook Circle	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
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 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: William R. Rawls			01/07/07 (800) 424-3219 DATE		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					