

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19820

FILED
Jan 23, 2008
Secretary of State

Entity Name: WANT ADS OF PENSACOLA, INC.

Current Principal Place of Business:

838 AIRPORT RD
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1659
DESTIN, FL 32540 US

New Mailing Address:

FEI Number: 59-2893292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROOT, STEVE,
Address: 225 NO PACE BLVD
City-St-Zip: PENSACOLA, FL

Title: T () Delete
Name: ROOT, DEANNA
Address: 225 NO PACE BLVD
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: EARLES, CHARLES E
Address: 838 AIRPORT RD.
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: CHRISTENSEN, ROBERT L
Address: 838 AIRPORT RD.
City-St-Zip: DESTIN, FL 32541

Title: S () Delete
Name: MODLIN, KIMBERLY
Address: 838 AIRPORT RD.
City-St-Zip: DESTIN, FL 32541

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MURPHY, LYNN T
Address: 838 AIRPORT RD.
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN MURPHY

D

01/23/2008

Electronic Signature of Signing Officer or Director

Date