

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90183 027 ***150.00

DOCUMENT # P92000012546

1. Entity Name
CNC INVESTMENTS OF PENSACOLA, INC.



Principal Place of Business
601 S PALAFOX ST
PENSACOLA, FL 32502 US

Mailing Address
POST OFFICE BOX 12725
PENSACOLA, FL 32591 US

2. Principal Place of Business
17 W Cedar Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3

City & State

City & State

Pensacola, FL

Zip
32502

Country
USA

Zip

Country

01202006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3157432

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

CARR, JOHN S
601 S PALAFOX ST
PENSACOLA, FL 32502

Name

Street Address (P.O. Box Number is Not Acceptable)
17 W Cedar Street

Suite 3

City
Pensacola

FL

Zip Code
32502

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

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
DP
CARR, JOHN S
601 S PALAFOX ST
PENSACOLA, FL 32502 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
17 W Cedar Street, Suite 3
Pensacola, FL 32502 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
CHADBOURNE, EDWARD MJR.
17 WEST CEDAR STREET, SUITE #3
PENSACOLA, FL 32502 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
NICKELSEN, ERIC J
17 WEST CEDAR STREET, SUITE 3
PENSACOLA, FL 32502 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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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:

John S Carr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06 (850) 434-2244

Date Daytime Phone #