## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P92000012546

NICKELSEN, ERIC J

PENSACOLA, FL 32502

17 WEST CEDAR STREET, SUITE 3

Name:

Address:

City-St-Zip:

FILED Apr 06, 2009 Secretary of State

Entity Nar	me: CNC INVI	ESTMENTS OF PENSACOLA	A, INC.		
Current Principal Place of Business:			New Principal F	New Principal Place of Business:	
17 W CEDAR ST STE 3 PENSACOLA, FL 32502 US		SUITE 3	17 W CEDAR STREET SUITE 3 PENSACOLA, FL 32502 US		
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
	FICE BOX 1272 DLA, FL 32591	25 US			
FEI Number:	: 59-3157432	FEI Number Applied For ( )	FEI Number Not Applicable	( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addr	Name and Address of New Registered Agent:	
	HN S AR ST STE 3 DLA, FL 32502	US	SUITE 3	17 W CEDAR STREET	
	named entity s e of Florida.	submits this statement for the	purpose of changing its regi	stered office or registered agent, or both,	
SIGNATURE:				04/06/2009	
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () CARR, JOHN S 17 W CEDAR S PENSACOLA, F		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CHADBOURNE,	Delete EDWARD MJR. AR STREET, SUITE #3 L 32502	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	DST ()	Delete	Title <sup>.</sup>	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN S. CARR **PRES** 04/06/2009