


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000041680 1. Entity Name SAUFLEY CENTER, INC.	
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Principal Place of Business 120 E MAIN STREET SUITE A PENSACOLA, FL 32501 US	Mailing Address 120 E MAIN STREET SUITE A PENSACOLA, FL 32501 US
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05042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3352174	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NASH, NEAL B 120 E MAIN STREET SUITE A PENSACOLA, FL 32501
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when retitling)</small>

000000364991
05/09/05-80018-013 150.00

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NASH, NEAL B. 120 E MAIN STREET SUITE A PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD NASH, LIANNA MARKS 120 E MAIN STREET SUITE A PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKS, JAMES J JR 120 E MAIN STREET SUITE A PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKS, STEPHANIE M 120 E MAIN STREET SUITE A PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	NEAL NASH 5605 Date	850-9298640 Daytime Phone #
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