


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90038 019 ***150.00

| | | | | | |
|---|-------------------------------------|---|--|---|--|
| DOCUMENT # P95000073002 1. Entity Name CHELSEA TITLE AGENCY OF NORTHWEST FLORIDA, INC. | | | |  | |
| Principal Place of Business 4300 BAYOU BLVD 17-E PENSACOLA, FL 32503 US | | | Mailing Address PO BOX 30021 PENSACOLA, FL 32503 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MOORHEAD, STEPHEN R 4300 BAYOU BLVD, SUITES 12 & 13 PENSACOLA, FL 32503 | | | 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MOORHEAD, STEPHEN R | | NAME | | |
| STREET ADDRESS | 4300 BAYOU BLVD, SUITES 12 & 13 | | STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA, FL 32503 | | CITY-ST-ZIP | | |
| TITLE | PD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GODFREY, JEFFREY | | NAME | | |
| STREET ADDRESS | 4300 BAYOU BLDV STE.,#17-E | | STREET ADDRESS | | |
| CITY-ST-ZIP | PENSACOLA, FL 32503 | | CITY-ST-ZIP | | |
| TITLE | VD <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BURGESS, ELINDA | | NAME | | |
| STREET ADDRESS | 4636 SUMMERDALE BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | PACE, FL 32571 | | CITY-ST-ZIP | | |
| TITLE | DVP <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WESTMORELAND, ANGELYN A | | NAME | | |
| STREET ADDRESS | 3188 GULF BREEZE PARKWAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | GULF BREEZE, FL 32561 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4/9/04 850-484-5566 <small>Date Daytime Phone #</small> | | |

34034706



03082004 Chg-P CR2E034 (10/03)

4. FEI Number **59-3335945** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**