

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000003197

1. Entity Name  
DEG INVESTMENTS OF PENSACOLA, INC.



Principal Place of Business

4300 BAYOU BLVD  
SUITE 12 & 13  
PENSACOLA, FL 32503-1009

Mailing Address

4300 BAYOU BLVD  
STE 13  
PENSACOLA, FL 32503-1009

FILED

Feb 09, 2004 08:00 AM  
Secretary of State



01052004 No Chg-P CR2E034 (10/03)

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4. FEI Number  
59-3370229

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

FLEMING, EDWARD P  
4300 BAYOU BLVD  
SUITE 12 & 13  
PENSACOLA, FL 32503-1009

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IN THIS SPACE

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOORE, DONALD
STREET ADDRESS	7465 N PALAFOX
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	VPST
NAME	FLEMING, EDWARD P
STREET ADDRESS	4300 BAYOU BLVD, SUITES 12&13
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000043012  
02/10/04-80047-021 150.00

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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)(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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE  
PRESIDENT

2/6/04

Date

850-477-0660

Daytime Phone #