
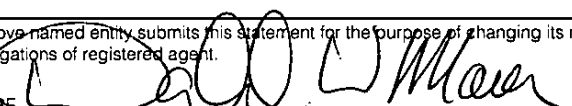
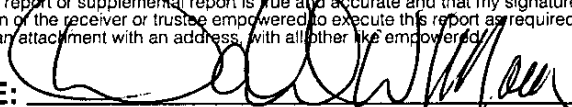


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90017 008 \*\*\*150.00

<b>DOCUMENT # P96000003197</b> 1. Entity Name <b>DEG INVESTMENTS OF PENSACOLA, INC.</b>					
Principal Place of Business <b>4300 BAYOU BLVD SUITE 12 &amp; 13 PENSACOLA, FL 32503-1009</b>			Mailing Address <b>4300 BAYOU BLVD STE 13 PENSACOLA, FL 32503-1009</b>		
2. Principal Place of Business <b>7465 Old Palafox Highway</b>			3. Mailing Address <b>Post Office Box 10038</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Pensacola, FL</b>			City & State <b>Pensacola, FL</b>		
Zip <b>32503</b>		Country <b>USA</b>		Zip <b>32524</b>	
Country <b>USA</b>		4. FEI Number <b>59-3370229</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FLEMING, EDWARD P 4300 BAYOU BLVD SUITE 12 &amp; 13 PENSACOLA, FL 32503-1009</b>			7. Name and Address of New Registered Agent Name <b>MOORE, DONALD</b> Street Address (P.O. Box Number is Not Acceptable) <b>7465 Old Palafox Highway</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32503</b>		
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 			President		February 18, 2005
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		DATE
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MOORE, DONALD 7465 N PALAFOX PENSACOLA, FL 32503</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPST FLEMING, EDWARD P 4300 BAYOU BLVD, SUITES 12&amp;13 PENSACOLA, FL 32503</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			President		2/18/05 (850)478-6150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #



02072005 Chg-P- CR2E034 (10/03)