




2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90094 020 ***150.00

DOCUMENT # P96000040394 1. Entity Name S & H INVESTMENTS OF PENSACOLA, INC.					
Principal Place of Business 4300 BAYOU BLVD SUITES 12 & 13 PENSACOLA, FL 32506-1009			Mailing Address 4300 BAYOU BLVD SUITES 12 & 13 PENSACOLA, FL 32506-1009		
2. Principal Place of Business 25 West Government St		3. Mailing Address 25 West Government St			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Pensacola, Florida		City & State Pensacola, Florida		4. FEI Number 59-3383652	
Zip 32502		Country Escambia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLEMING, EDWARD P 4300 BAYOU BLVD SUITE 12 & 13 PENSACOLA, FL 32501			7. Name and Address of New Registered Agent Name Fleming, Edward P. Street Address (P.O. Box Number is Not Acceptable) 25 West Government Street City Pensacola FL Zip Code 32502		
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 		Edward P. Fleming		4/17/06	
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, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PST FLEMING, EDWARD P 4300 BAYOU BLVD, 312 PENSACOLA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOORE, DONALD W 7465 OLD PALAFOX PENSACOLA, FL 32503	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			4/17/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			850-477-0660		
Date			Daytime Phone #		