

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90019 018 \*\*\*150.00

**DOCUMENT # P96000040394**

1. Entity Name

S & H INVESTMENTS OF PENSACOLA, INC.



Principal Place of Business

25 WEST GOVERNMENT ST  
PENSACOLA, FL 32502

Mailing Address

25 WEST GOVERNMENT ST  
PENSACOLA, FL 32502

**DO NOT WRITE IN THIS SPACE**



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3383652

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  
25 WEST GOVERNMENT STREET  
PENSACOLA, FL 32502

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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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
FLEMING, EDWARD P  
25 WEST GOVERNMENT STREET  
PENSACOLA, FL 32502

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MOORE, DONALD W  
7465 OLD PALAFOX  
PENSACOLA, FL 32503

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #