

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90040 047 ***150.00

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1. Entity Name
PENSACOLA BOLT, INCORPORATED

Principal Place of Business Mailing Address
8500 FOWLER AVENUE 8500 FOWLER AVENUE
PENSACOLA, FL 32534 PENSACOLA, FL 32534 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04262007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-3286508 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ONEILL, JOHN M. III
4370 DEVEREUX DRIVE
PENSACOLA, FL 32504

Name **John Michael O'Neill, III**

Street Address (P.O. Box Number is Not Acceptable)
8500 Fowler Avenue

City **Pensacola** **FL** Zip Code **32534**

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]* DATE **4/27/07**

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PO Delete
 NAME **ONEILL, JOHN M**
 STREET ADDRESS **4370 DEVEREUX DRIVE**
 CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE **D** Change Addition
 NAME **Jesklo, Inc., by its president, JMO'Neil**
 STREET ADDRESS **8500 Fowler Avenue**
 CITY-ST-ZIP **Pensacola, FL 32534**

TITLE Delete
 NAME
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 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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TITLE Change Addition
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 CITY-ST-ZIP

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

4/27/07 850-484-7977

Date Daytime Phone #