2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Apr 18, 2008 8:00 am Secretary of State 04-18-2008 90040 015 ***150.00

DOCUMENT # P9700003322 1. Entity Name PAYNE, BARFIELD, HODGE & MARTIN, P.A.							40u.~		6 90040 (713 10	, 0.00
Principal Plac	ce of Business		Mailing Address								
4800 WEST FAIRFIELD DRIVE PENSACOLA, FL 32506			4800 WEST FAIRFIELD DRIVE PENSACOLA, FL 32506			1 INTIUM:	PA ESPLE ARDEL ESUN ARXII A	Tili Oliki Elist	111 90 \$141 0 41 040 11	107001:31 (20f	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04112008	Chg-P	CR2E	034 (12/06)	ı
City & State			City & State				4. FEI Numb 59-34			h	pplied For lot Applicable
Zip		Country	Zip	Cour	atry			e of Status Desired		\$8.75 Add	
6. Name and Address of Current Registered Agent 7. Name and Address of New R										Agent	
	O, CLEMENT		Name Ho			dge John D. s (P.O. Box, Number is Not Acceptable)					
	ST FAIRFIEL DLA, FL 325		10.4			045	Blac	K Walnu	4 Tc		
				City Page			icala		FL	Zip Cod	ie l
8. The above named entity submitts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent, or both, in the State of Florida.											and accept
SIGNATURE Sphature. Nipsed or fruited nurses in registered agent and bits if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	Signature, typed or p	rinted name at registered ageni	and title if applicable. [NO:	E: Hegistere	d Ageni signati	ure required	when reinstaling)	,	DATE		
After M		EE IS \$150.00 Fee will be \$550.0	i	tribution.	ncing		00 May Be ad to Fees				
10.	Р	OFFICERS AND		11.			ADDITIONS	/CHANGES TO OF	FICERS AND		
TITLE NAME	P ⊠ I BARFIELD, CLEMEMT W			TITLE NAME						Change	Addition
STREET ADDRESS	4140 MENEI			et address							
CITY-ST-ZIP	PENSACOL	A, FL 32503		-ST-ZIP							
TITLE	VP		⊠ Delete	lete TITLE						☐ Change	Addition
NAME	BARFIELD, I		NA		E						
STREET ADORESS	4140 MENE				STREET ADORESS CITY+ST+ZIP						
City-St-ZiP	PENSACOL	4, FL 32503				P/V	0				
TITLE NAME	S HODGE, JOI	HN D	Delete	TITLE NAMI		7/4	•			Change	Addition
STREET ADDRESS		WALNUT TR			et adoress						
CITY-ST-ZIP		A, FL 325141914			-ST-ZIP						
TITLE	Т		☐ Delete	TITLE						☐ Change	Addition
NAME .	MARTIN, III .			NAMI	E						j
STREET ADDRESS	3274 ABEL A				ET ADDRESS						
CITY-ST-ZIP	PACE, FL 3	45/1	· · · · · · · · · · · · · · · · · · ·		ST-ZIP						
TITLE NAME			Delete	TITLE		Alan	rine T)ean		Change	Addition
STREET ADORESS	DRESS			STREET ADDRESS 3		326	7 (()	Kwood Dr	ıv e		
CITY-ST-ZIP				CITY	ST-ZIP	Car	Honme	ean Kwood Dr Lnt, FL	32533		
TITLE			☐ Delete	TITLE						☐ Change	☐ Addition
NAME				NAME							
STREET ADORESS CITY+ST-ZIP					et address -st-zip						
	actifuther the in	formation avantie 4 inte	this filling dage not apply to			antoicad	in Chaster 111	Clorido Cretuto -	l frombon on a	ih. that the '	
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 reports 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 true endeapened 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 appears in the corporation of the receiver or true endeapened.											
SIGNATURE: SIGNATURE AND TYPED OBJECTIVED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Despring Phone #											
		SKINATURE AND TYPED OR P	MINTED NAME OF SIGNING OFFICER	OR DIRECT	OR			Oate	D	aytime Phone #	