## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P97000027498

1. Entity Name

RAFS OF PENSACOLA, INC.



Principal Place of Business

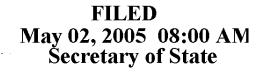
1002 W 23RD STREET

SUITE 400 PANAMA CITY, FL 32405 Mailing Address

1002 W 23RD STREET

**SUITE 400** 

PANAMA CITY, FL 32405





DO NOT WRITE IN THIS SPACE

04082005 No Chg-P CR2E034 (10/03)

FEI Number
 59-3434522

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIPPIN, LAURETTA J 1002 W 23RD STREET SUITE 400 PANAMA CITY, FL 32405

## DO NOT WRITE 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, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			cing .	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D CHAPMAN, JOSEPH F III 1002 W 23RD ST, STE 400 PANAMA CITY, FL 32405  DPT BARR, JIMMY D 1002 W 23RD ST, STE 400 PANAMA CITY, FL 32405  DV				U00000351353 05/02/05-80142-008 158.75
NAME STREET ADDRESS CITY-SY-ZIP	CHAPMAN, JOSEPH F IV 1002 W 23RD ST, STE 400 PANAMA CITY, FL 32405			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIPPIN, LAURETTA J 1002 W 23RD ST #400 PANAMA CITY, FL 32405		IN 7		THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITI E					

12. I hereby certify that the information supplied with this filling 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 affaction with an address with all other like empowered.

SIGNATURE:

NAME STREET AODRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lauretta J. Pippin, Secretary

4/25/05

(850) 769-8981

Date

Daytime Prone #