


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

80006770

DOCUMENT # P98000007190					
1. Entity Name KHB OF PERDIDO KEY, INC.					
Principal Place of Business 13587 PERDIDO KEY ROAD PENSACOLA, FL 32507		Mailing Address 13587 PERDIDO KEY ROAD PENSACOLA, FL 32507			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
4. FEI Number: 59-3494287					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent POSTON, CARL M 13587 PERDIDO KEY ROAD PENSACOLA, FL 32507				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's Signature Required when starting)</small>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				CREEC034 (10/02)	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	BAGGETT, HELEN B	NAME			
STREET ADDRESS	56 ARAPHO DRIVE	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32507	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	NEEDHAM, KENNETH S	NAME			
STREET ADDRESS	7020 SHERWOOD DRIVE	STREET ADDRESS			
CITY-ST-ZIP	KNOXVILLE, TN 37919	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME	POSTON, CARL M	NAME			
STREET ADDRESS	13587 PERDIDO KEY DRIVE	STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32507	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 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: <u>Carl M. Poston</u> <u>Carl M. Poston</u> <u>4/14/03</u> <u>850-492-9672</u>					