


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90038 005 ***150.00

DOCUMENT # P98000019713	
1. Entity Name NEK OF PENSACOLA, INC.	

Principal Place of Business 100 W GADSDEN ST PENSACOLA, FL 32501	Mailing Address 100 W GADSDEN ST PENSACOLA, FL 32501
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

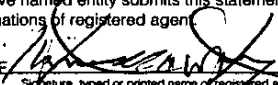
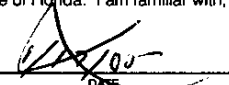
4. FEI Number 59-3501201	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WOOLF, KENNETH H
100 W GADSDEN ST
PENSACOLA, FL 32501

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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 

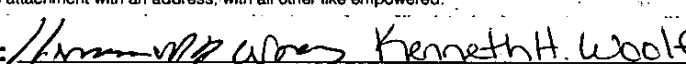
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing: Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE D	NAME WOOLF, KENNETH H
STREET ADDRESS 15 NORTH SUNSET BOULEVARD	CITY-ST-ZIP GULF BREEZE, FL 32561
TITLE D	NAME WOOLF, ELIZABETH R
STREET ADDRESS 15 NORTH SUNSET BOULEVARD	CITY-ST-ZIP GULF BREEZE, FL 32561
TITLE D	NAME RAINWATER, NANCY G
STREET ADDRESS 1900 LEYDEN STREET	CITY-ST-ZIP DENVER, CO 80220
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

SIGNATURE:  **Kenneth H. Woolf** **11/7/05** **850-438-3653**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #