

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000026191

FILED
Apr 17, 2004
Secretary of State

Entity Name: C. D. E. OF PENSACOLA, INC.

Current Principal Place of Business:

14555 INNERARITY POINT ROAD
PENSACOLA, FL 32507

New Principal Place of Business:

4348 GUSTY TERRACE
PENSACOLA, FL 32503

Current Mailing Address:

14555 INNERARITY POINT ROAD
PENSACOLA, FL 32507

New Mailing Address:

P O BOX 30364
PENSACOLA, FL 32503

FEI Number: 59-3542545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, CHARLES R
14555 INNERARITY POINT ROAD
PENSACOLA, FL 32507

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EVANS, DAVID E
Address: 6117 NORTH ENCLAVE DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: VD () Delete
Name: EVANS, CHARLES R
Address: 14555 INNERARITY POINT ROAD
City-St-Zip: PENSACOLA, FL 32507

Title: ST () Delete
Name: EVANS, BETTY
Address: 14555 INNERARITY POINT ROAD
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EVANS, DAVID E
Address: 4348 GUSTY TERRACE
City-St-Zip: PENSACOLA, FL 32503

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E EVANS

PD

04/17/2004

Electronic Signature of Signing Officer or Director

Date