

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000073407

FILED  
Jan 18, 2012  
Secretary of State

**Entity Name:** PENSACOLA FUEL INJECTION INC.

**Current Principal Place of Business:**

4605 N. PALAFOX STREET  
PENSACOLA, FL 32505

**New Principal Place of Business:**

**Current Mailing Address:**

4605 N. PALAFOX STREET  
PENSACOLA, FL 32505

**New Mailing Address:**

**FEI Number:** 59-3540480

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALTERS, PHILLIP D SR  
5065 ONEIDA TRAIL  
MILTON, FL 32583 US

**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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** WALTERS, PHILLIP D SR  
**Address:** 5065 ONEIDA TRAIL  
**City-St-Zip:** MILTON, FL 32583

**Title:** STD  
**Name:** WALTERS, ATONIA  
**Address:** 5065 ONEIDA TRAIL  
**City-St-Zip:** MILTON, FL 32583

**Title:** V  
**Name:** WALTERS, PHILLIP D JR  
**Address:** 28146 LANDMARK AVE.  
**City-St-Zip:** LOXLEY, AL 36551

**Title:** V  
**Name:** WALTERS, GARY M  
**Address:** 3332 COUNTRY MEADOW LANE  
**City-St-Zip:** PACE, FL 32571

**Title:** V  
**Name:** WALTERS, ERIC B  
**Address:** 5065 ONEIDA TRAIL  
**City-St-Zip:** MILTON, FL 32583

I hereby 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 all other like empowered.

**SIGNATURE:** ATONIA WALTERS

STD

01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date