

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90266 011 ***150.00

DOCUMENT # P98000087012

1. Entity Name
CBR OF NW FLORIDA, INC.



Principal Place of Business
1100 GULF BREEZE PKWY
GULF BREEZE, FL 32561

Mailing Address
1100 GULF BREEZE PKWY
GULF BREEZE, FL 32561



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FBI Number
59-3543710

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VINES, CANDACE B
1100 GULF BREEZE PKWY
GULF BREEZE, FL 32561

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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
(Trust Fund Contribution) ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete
NAME BELCHER, JAMES REAGAN JR
STREET ADDRESS 909 LARGO DR.
CITY-ST-ZIP PENSACOLA BCH, FL 32561

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME SEXTON, BRENDA B
STREET ADDRESS 1210 VIA DE LUNA
CITY-ST-ZIP PENSACOLA BEACH, FL 32561

TITLE ST ☒ Change ☐ Addition
NAME Sexton, Brenda B
STREET ADDRESS 800 Rio Vista
CITY-ST-ZIP Pensacola Beach, FL 32561

TITLE P ☐ Delete
NAME VINES, CANDACE B
STREET ADDRESS 1468 SUMMERSWEET CT
CITY-ST-ZIP GULF BREEZE, FL 32563

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(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:

Candace B. Vines
Candace B. Vines

4-8-04

850-932-9276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #