

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 646454

Entity Name: PEN GULF, INC.**Current Principal Place of Business:**1402 W. ZARRAGOSSA STREET
PENSACOLA, FL 32501**Current Mailing Address:**P.O. BOX 12916
PENSACOLA, FL 32591**FEI Number:** 59-1953552**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COX, NANCY R.
1402 ZARRAGOSSA STREET
PENSACOLA, FL 32501 US*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**Officer/Director Detail :**

Title	PD
Name	COX, NANCY R
Address	1402 ZARRAGOSSA ST.
City-State-Zip:	PENSACOLA FL 32501
Title	VD
Name	COX, CONSTANCE E
Address	1402 W ZARRAGOSSA ST
City-State-Zip:	PENSACOLA FL 32501
Title	S
Name	WADE, GARY
Address	1402 W ZARRAGOSSA STREET
City-State-Zip:	PENSACOLA FL 32501

Title	VD
Name	COX, CHRISTOPHER K
Address	1402 ZARRAGOSSA ST
City-State-Zip:	PENSACOLA FL 32501
Title	VD
Name	DORMAN, DAVID D
Address	1402 W ZARRAGOSSA ST.
City-State-Zip:	PENSACOLA FL 32501
Title	T
Name	WADE, GARY
Address	1402 W ZARRAGOSSA ST
City-State-Zip:	PENSACOLA FL 32501

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: GARY WADE**TREASURER****03/31/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date