

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004367

FILED
Apr 05, 2006
Secretary of State

Entity Name: A&B MANAGEMENT OF PENSACOLA, INC.

Current Principal Place of Business:

P.O. BOX 2837
PENSACOLA, FL 32513

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2837
PENSACOLA, FL 32513

New Mailing Address:

FEI Number: 20-2777701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELL, STEPHEN B. ESQ.
226 PALAFOX PL, 9TH FLOOR, SEVILLE TOWER
PENSACOLA, FL 32502 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: D () Delete
Name: SELLERS, REGGIE
Address: 5500 RAWSON LANE, APT. A4
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: SHOEMAKER, DENISE
Address: 6652 ROCKY SHORES RD.
City-St-Zip: MILTON, FL 32583

Title: D () Delete
Name: HOLKEMA, BRUCE
Address: 1990 JOSHUA DR.
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: HORTON, ARLIN R.
Address: 250 BRENT LANE
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: HORTON, REBEKAH
Address: 250 BRENT LANE
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SELLERS, JEFF
Address: P.O. BOX 2837
City-St-Zip: PENSACOLA, FL 32513

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

Title: D (X) Change () Addition
Name: HAYES, MATTHEW
Address: P.O. BOX 2837
City-St-Zip: PENSACOLA, FL 32513

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 Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARLIN HORTON

D

04/05/2006

Electronic Signature of Signing Officer or Director

_____ Date