

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004367

FILED  
Jan 21, 2009  
Secretary of State

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

**Current Principal Place of Business:**

33 HORSESHOE COURT  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

33 HORSESHOE COURT  
PENSACOLA, FL 32503

**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: PD ( ) Delete  
Name: SELLERS, JEFF  
Address: 33 HORSESHOE COURT  
City-St-Zip: PENSACOLA, FL 32503 US

Title: D ( ) Delete  
Name: HICKS, JAMES  
Address: 33 HORSESHOE COURT  
City-St-Zip: PENSACOLA, FL 32503 US

Title: D ( ) Delete  
Name: RAINES, JOHNNY  
Address: 3275 IRIS DRIVE  
City-St-Zip: CONYERS, GA 30013 US

Title: STD ( ) Delete  
Name: HAYES, MATTHEW  
Address: 33 HORSESHOE COURT  
City-St-Zip: PENSACOLA, FL 32503 US

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 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: JEFF SELLERS

PD

01/21/2009

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

\_\_\_\_\_  
Date