


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 312296
1. Entity Name
ABC AMUSEMENT COMPANY



Principal Place of Business
**530 HWY 98 E
DESTIN, FL 32541 US**

Mailing Address
**P.O. BOX 5436
DESTIN, FL 32540 US**



02212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1367127

Applied For
 Not Applicable

5. Certificate of Status Closed **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ABADIE, MICHAEL
530 HWY 98 E
DESTIN, FL 32541**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FCC IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**U00000468354
03/24/06-80027-023 150.00**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ABADIE, MICHAEL 530 HWY 98 E DESTIN, FL 32541 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSTD RIGGS, STEPHEN 4460 LEGENDARY DR, SUITE 100 DESTIN, FL 32541 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mike Abadie Mike Abadie 2-20-06 850-650-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #