

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 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**



02072008 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 Desired **\$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**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **PD**  
NAME **ABADIE, MICHAEL**  
STREET ADDRESS **530 HWY 98 E**  
CITY-ST-ZIP **DESTIN, FL 32541**  
TITLE **VSTD**  
NAME **RIGGS, STEPHEN**  
STREET ADDRESS **4480 LEGENDARY DR, SUITE 100**  
CITY-ST-ZIP **DESTIN, FL 32541**  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000829046  
02/26/08-80025-008 150.00

**DO NOT WRITE IN THIS SPACE**

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-11-08**  
Date

**850-650-4400**  
Daytime Phone #