

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 406421					
1. Entity Name ROOKS MARINA, INC.					
Principal Place of Business %ROOKS MARINA INC 505 BAYOO BLVD PENSACOLA FL 32503		Mailing Address %ROOKS MARINA INC 505 BAYOO BLVD PENSACOLA FL 32503			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1409336 Applied For Not Applied	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROOKS, DALE 2704 E DESOTO ST PENSACOLA FL 32503			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
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 <u><i>Dale Rooks</i></u> DATE <u><i>Rooks</i></u> <i>v/p</i>					
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when requesting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Add
NAME	ROOKS, JANE		NAME		
STREET ADDRESS	BAYOU BLVD		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Add
NAME	ROOKS, DALE		NAME		
STREET ADDRESS	2704 E. DESOTO ST.		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/05)

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Not Applied

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

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Street Address (P.O. Box Number is Not Acceptable)
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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 *Dale Rooks* DATE *Rooks* *v/p*

FILE NOW!!! FEE IS \$150.00

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Make Check Payable to Florida Department of State

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Trust Fund Contribution. ☐ **Added to Fees**

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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Dale Rooks DATE *Rooks* *v/p* 2-7-06 8:00 AM