

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006800

**FILED**  
**Jun 08, 2005**  
**Secretary of State**

**Entity Name:** GREAT ESCAPE OF PENNSYLVANIA INCORPORATED

**Current Principal Place of Business:**

330 NE 42ND STREET  
OAKLAND PARK, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

330 NE 42ND STREET  
OAKLAND PARK, FL 33334

**New Mailing Address:**

FEI Number: 23-2474634

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHNITZER, GERALD  
2455 EAST SUNRISE BLVD., STE. 500  
FORT LAUDERDALE, FL 33304 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CPST ( ) Delete  
Name: NEMIRO, STEWART  
Address: 330 NE 42ND STREET  
City-St-Zip: OAKLAND PARK, FL 33334

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

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 Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEWART NEMIRO

CPST

06/08/2005

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

\_\_\_\_\_ Date