2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2005 08:00 AM Secretary of State

ANNOAL REPORT					Secretary of State			
DOCUMENT # 568406 1. Entity Name PLAYGROUND SHELL SERVICE, INC.					Sec	retary	oi State	
	,							
Principal Pla	ce of Business	Mailing Address	*	1				
12 HOLLYWOOD BLVD. SW FORT WALTON BEACH, FL 32548 12 HOLLYWOOD BLVD. SW FORT WALTON BEACH, FL 32			548	I like to the				
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				4. FEI Numbe 59-182			Applied For Not Applicable	
				5. Certificate	of Status Desired		5 Additlonal Required	
	6. Name and Address of Current R	egistered Agent	 	<u>. </u>		-, , , , , , , , , , , , , , , , , , ,	10401100	
VANDYKE	E, GEORGE JR	•		200	NOTU	i Sand' il relia Serie		
201 ELLIOT ROAD MARY ESTHER, FL 32569				טט	NOT W	KIIE		
			IN THIS SPACE					
8. The above the obliga	e named entity submits this statement for the tions of registered agent.	he purpose of changing its register	ed office or register	ed agent, or bot	th, in the State of Flo	orida. I am familia	r with, and accept	
SIGNATURE.	Signature typed or printed name of registered agent and	iffle if applicable (NOTE Registere	d Agent signature required	when reinstating)		DATE		
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5. Trust Fund Contribution. Adde					•		, , ,	
10.	OFFICERS AND D	RECTORS	1					
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NAME STREET ADDRESS	VAN DYKE, GOERGE R., JR. 201 ELLIOTT RD.		[02/02/05-	901 (7-017	150 AN	
CITY-ST-ZIP	MARY ESTHER, FL		Į.		construction of the part of a second	acti ali	1.71.7 = 1717	
TITLE	SD		l					
NAME STREET ADDRESS	VANDYKE, ANNE J. 283 BRIARWOOD CIRCLE		Į.					
CITY - ST-ZIP	FT. WALTON BCH., FL		i					
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NAME STREET ADDRESS	VANDYKË, BOBBIE J. 201 ELLIOTT RD.							
CITY-ST-ZIP	MARY ESTHER, FL			DO	NOT W	RITE		
TITLE	VD			IN 7	THIS SF	ACE		
NAME STREET ADDRESS	VANDYKE, WILLIAM D. 283 BRIARWOOD CIRCLE			*** 1		AUL		
CITY - ST-ZIP	FT. WALTON BCH., FL							
TITLE		· · · · · · · · · · · · · · · · · ·	-					
NAME STREET ADDRESS								
CITY-ST-ZIP	i		ł					
TITLE								

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

NAME STREET ADDRESS