


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # 568406 1. Entity Name PLAYGROUND SHELL SERVICE, INC.	
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Principal Place of Business 12 HOLLYWOOD BLVD. SW FORT WALTON BEACH, FL 32548 US	Mailing Address 12 HOLLYWOOD BLVD. SW FORT WALTON BEACH, FL 32548 US
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**DO NOT WRITE IN THIS SPACE**



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1827742	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VANDYKE, GEORGE JR  
 201 ELLIOT ROAD  
 MARY ESTHER, FL 32569

**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)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAN DYKE, GEORGE R., JR. 201 ELLIOTT RD. MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VANDYKE, ANNE J. 283 BRIARWOOD CIRCLE FT. WALTON BCH., FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VANDYKE, BOBBIE J. 201 ELLIOTT RD. MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VANDYKE, WILLIAM D. 283 BRIARWOOD CIRCLE FT. WALTON BCH., FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VANDYKE III, GEORGE R 195 CORAL DRIVE FT. WALTON BCH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VANDYKE, ROBERT 431 SHREWSBURY ROAD MARY ESTHER, FL 32569

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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: *Bobbie J. Vandyke*      Date: 3-25-08      Daytime Phone #: 850-244-15363

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR