2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State
04-26-2005 90130 006 ***150.00

DOCUMENT # H63207

1. Entity Name
FIDDLESTIX OF PENSACOLA, INC.

Principal Place of Business	Mailing Address
429 E ZARAGOZA STREET PENSACOLA, FL 32501 US	704 BAY BLVD. PENSACOLA, FL 32503

04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2555856
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MATTHEWS, EDSEL F., JR.
308 SOUTH JEFFERSON STREET
PENSACOLA, FL 32501

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	PALLIN, LINDA L.
STREET ADDRESS	~~4400 BAYOU BLVD, STE 3~~ 704 Bay Blvd
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	VD
NAME	RAGAN, SUSAN M.
STREET ADDRESS	~~4400 BAYOU BLVD, STE 3~~ 704 Bay Blvd
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	PD
NAME	GUP, DIANE G.
STREET ADDRESS	~~4400 BAYOU BLVD, STE 3~~ 704 Bay Blvd
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Linda L. Pallin 4/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #