

FILED

May 03, 2006 08:00 AM
Secretary of State**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H70737 1. Entity Name PENSACOLA AUTOMATIC AMUSEMENT, INC.			
Principal Place of Business 2414 N. PACE BLVD. PENSACOLA, FL 32505		Mailing Address 2414 N. PACE BLVD. PENSACOLA, FL 32505	
DO NOT WRITE IN THIS SPACE			
8. Name and Address of Current Registered Agent BRITT, JOHN R PRES 2414 N. PACE BLVD. PENSACOLA, FL 32505		DO NOT WRITE IN THIS SPACE	
9. 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>John R. Britt President</i></u> 5-1-06 Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when renewing DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		6. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000560118 05/18/06-80026-021 150100	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRITT, JOHN R 2414 N PACE BLVD PENSACOLA, FL 32050	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANCO, RUBIN 2414 N PACE BLVD PENSACOLA, FL		
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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: <u><i>John R. Britt President</i></u> 5-1-06 884327361 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #			