2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 08:00 AM
Secretary of State

DOCUMENT # H70851

1. Entity Name
PACE ENTERPRISES OF SANTA ROSA COUNTY, INC.

Principal Place of Business	Mailing Address
43 LAIRD RD. CRESTVIEW, FL 32539 US	43 LAIRD RD. CRESTVIEW, FL 32539 US

01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3050638
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PERMENTER, R. DOUGLAS
43 LAIRD RD.
-
CRESTVIEW, FL 32539

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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, type 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, 2008 Fee will be $550.00

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

U00000785152
01/16/08-80084-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	PERMENTER, WILLIAM
STREET ADDRESS	110 CHANTELAIRE CIR
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	PD
NAME	PERMENTER, R. DOUGLAS
STREET ADDRESS	43 LAIRD RD
CITY-ST-ZIP	CRESTVIEW, FL 32539
TITLE	D
NAME	PERMENTER, STEPHANIE D.
STREET ADDRESS	110 MEADOW RD
CITY-ST-ZIP	BUFFALO, NY 14216
TITLE	ST
NAME	PERMENTER, ELIZABETH A.
STREET ADDRESS	110 CHANTELAIRE CIR
CITY-ST-ZIP	GULF BREEZE, FL 32561
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 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: Elizabeth A. Permenter 1/14/08 850-892-2103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #