

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H70851

FILED
Jan 09, 2009
Secretary of State

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

Current Principal Place of Business:

43 LAIRD RD.
CRESTVIEW, FL 32539 US

New Principal Place of Business:

Current Mailing Address:

43 LAIRD RD.
CRESTVIEW, FL 32539 US

New Mailing Address:

FEI Number: 59-3050638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: PERMENTER, WILLIAM
Address: 110 CHANTELAIRE CIR
City-St-Zip: GULF BREEZE, FL 32561

Title: PD () Delete
Name: PERMENTER, R. DOUGLAS
Address: 43 LAIRD RD
City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete
Name: PERMENTER, STEPHANIE D.
Address: 110 MEADOW RD
City-St-Zip: BUFFALO, NY 14216

Title: ST () Delete
Name: PERMENTER, ELIZABETH A.
Address: 110 CHANTELAIRE CIR
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: PERMENTER, WILLIAM
Address: 236 SABINE DR
City-St-Zip: PENSACOLA BEACH, FL 32561 US

Title: PD (X) Change () Addition
Name: PERMENTER, R. DOUGLAS
Address: 43 LAIRD RD
City-St-Zip: CRESTVIEW, FL 32539 US

Title: D (X) Change () Addition
Name: PERMENTER, STEPHANIE D.
Address: 110 MEADOW RD
City-St-Zip: BUFFALO, NY 14216 US

Title: ST (X) Change () Addition
Name: PERMENTER, ELIZABETH A.
Address: 236 SABINE DR
City-St-Zip: PENSACOLA BEACH, FL 32561 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM D. PERMENTER

D

01/09/2009

Electronic Signature of Signing Officer or Director

Date