


158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # J43521	
1. Entity Name VIKING INVESTMENTS OF PENSACOLA, INC.	

Principal Place of Business P. O. BOX 230 220 W. GARDEN ST- 605 SUN BANK TOWER PENSACOLA, FL 32591-0230	Mailing Address P. O. BOX 230 220 W. GARDEN ST- 605 SUN BANK TOWER PENSACOLA, FL 32591-0230
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04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2747711	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SYLTE, THOMAS W 220 WEST GARDEN ST. 605 SUNTRUST TOWER PENSACOLA, FL 32501
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

000000709360
04/24/07-80151-012 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SYLTE, THOMAS W 220 W. GARDEN STREET., STE 605 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SYLTE, JAMES E 220 W. GARDEN STREET., STE 605 PENSACOLA, FL 32501
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**DO NOT WRITE
IN THIS SPACE**

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: Thomas W. Sylte Thomas W. Sylte 4-12-07 850-434-6830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #