

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2008 8:00 am
Secretary of State

06-20-2008 90002 005 ***558.75

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SYLTE, THOMAS W 220 WEST GARDEN ST. 605 SUNTRUST TOWER PENSACOLA, FL 32501			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			4. FEI Number 59-2747711		
Signature: <i>Thomas W. Sylte</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SYLTE, JAMES E 220 W. GARDEN STREET., STE 605 PENSACOLA, FL 32501		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Thomas W. Sylte</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			6-17-08 850-434-6830 <small>Date Daytime Phone #</small>		