

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 09, 2008 8:00 am
Secretary of State

05-12-2008 90035 018 ***150.00

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1st MOORE 000004 (10/07)

DOCUMENT # P00000000769 1. Entity Name PIER AMUSEMENTS, INC.					
Principal Place of Business 4310 SHERIDAN ST., STE. 202 HOLLYWOOD FL 33021			Mailing Address 4310 SHERIDAN ST., STE. 202 HOLLYWOOD FL 33021		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0974046	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURTON, ANDRE S 4310 SHERIDAN ST., STE. 202 HOLLYWOOD FL 33021				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. SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when certifying.)				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
PSD DOUGLAS, JAMES N 3404 ASCOT CIRCLE LOUISVILLE KY 40241		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 Section 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 further like empowered.					
SIGNATURE: x 425-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					