

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

\$150 P

DOCUMENT # P04000020363

1. Entity Name  
SKATERS CHOICE OF FLORIDA, INC.



FILED

05 MAY -2 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
2607 EAST OLIVE ROAD  
PENSACOLA, FL 32514

Mailing Address  
P.O. BOX 148  
STARKVILLE, MS 39760

2. Principal Place of Business

3. Mailing Address

PO Box 1087

Suite, Apt. #, etc.

1 Suite, Apt. #, etc.

02032005

Chg-P

CR2E034 (10/03)

City & State

City & State  
Gulf Breeze FL

4. FEI Number

03-0535869

Applied For

Not Applicable

Zip

Country

Zip

32562

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHIBBS, VINCENT J JR.  
105 E. GREGORY SQUARE  
PENSACOLA, FL 32502

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
D  
TAYLOR, DALE  
STREET ADDRESS  
1171 OLD WEST POINT ROAD  
CITY-ST-ZIP  
STARKVILLE, MS 39759

☒ Delete

TITLE  
NAME  
Taylor, DALE  
STREET ADDRESS  
14 Oceanview Dr  
CITY-ST-ZIP  
Pensacola Beach, FL 32561

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Dana Taylor DANA TAYLOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-05

Date

850-916-9825

Daytime Phone #