

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2008 8:00 am
Secretary of State

08-11-2008 90120 010 ***150.00

DOCUMENT # P04000020363

1. Entity Name
SKATERS CHOICE OF FLORIDA, INC.



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

Mailing Address
**P.O. BOX 1087
GULF BREEZE, FL 32562**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
2607 EAST OLIVE ROAD

07232008 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PENSACOLA, FL

Zip

Country

Zip
32514

Country
ESCAMBIA

4. FEI Number
03-0535869

Applied For
Not Applicable

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRES
TAYLOR, THOMAS D
14 OCEAN VIEW DR
PENSACOLA BEACH, FL 32561** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRES.
BENTLEY, ROBERT D.
3208 MARINER CIRCLE
ORANGE BEACH, AL 36561** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SEC
BENTLEY, ROBERT D
3208 MARINER CIRCLE
ORANGE BEACH, AL 36561** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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: **ROBERT D. BENTLEY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X8-3-08

X850 478-3994