

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90004 031 \*\*\*150.00

DOCUMENT # P05000075106

1. Entity Name

P & A INVESTMENTS OF OKALOOSA, INC.



Principal Place of Business

909 MAR WALT DRIVE  
SUITE 1014  
FORT WALTON BEACH, FL 32547

Mailing Address

909 MAR WALT DRIVE  
SUITE 1014  
FORT WALTON BEACH, FL 32547

**DO NOT WRITE IN THIS SPACE**



02222007 No Chg-P CR2E034 (11/05)

4. FEI Number  
11-3750434

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ANCHORS, C. LEDON  
909 MAR WALT DRIVE  
SUITE 1014  
FORT WALTON BEACH, FL 32547

**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 \_\_\_\_\_

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME PATEL, KISHOR N  
STREET ADDRESS 349 SW MIRACLE STRIP PKWY.  
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE V  
NAME ANCHORS, C. LEDON  
STREET ADDRESS 909 MAR WALT DRIVE, SUITE 1014  
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE S  
NAME ANCHORS, C. LEDON  
STREET ADDRESS 909 MAR WALT DRIVE, SUITE 1014  
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE T  
NAME ANCHORS, C. LEDON  
STREET ADDRESS 909 MAR WALT DRIVE, SUITE 1014  
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:** C. LeDon Anchors

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-23-07

850-863-4064