

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90014 009 ***150.00

DOCUMENT # P06000024080

1. Entity Name
PRICE BUSTERS MOVIES AND GAMES INC



Principal Place of Business

**3103 W MICHIGAN AVE
PENSACOLA, FL 32526**

Mailing Address

**3103 W MICHIGAN AVE
PENSACOLA, FL 32526**

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

3300 N PACE BLVD

3. Mailing Address

3300 N PACE BLVD.

Suite, Apt. #, etc.

SUITE 15

Suite, Apt. #, etc.

SUITE 15

City & State

PENSACOLA, FL

City & State

PENSACOLA FL

Zip

32505

Country

ESCAMBIA

Zip

32505

Country

ESCAMBIA

02202007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-4330818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAINE, MARTIN V
6915 TEMPLE LANE
PENSACOLA, FL 32526**

7. Name and Address of New Registered Agent

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 resigning)

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** ☐ Delete
NAME **PRICE, ROY B JR**
STREET ADDRESS **~~3103 W MICHIGAN AVE~~**
CITY- ST- ZIP **PENSACOLA, FL 32526**

TITLE **VP** ☐ Delete
NAME **CAINE, MARTIN V**
STREET ADDRESS **6915 TEMPLE LANE**
CITY- ST- ZIP **PENSACOLA, FL 32526**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **3300 N PACE BLVD SUITE 15**
CITY- ST- ZIP **PENSACOLA FL 32505**

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

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

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CITY- ST- ZIP

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

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: **ZPP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-07

Date

Daytime Phone #