

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000063751

1. Entity Name
SPLISHSPLASH OF NORTHWEST FLA INC.



Principal Place of Business
108 SE EGLIN PKWY
FT WALTON BEACH, FL 32547

Mailing Address
108 SE EGLIN PKWY
FT WALTON BEACH, FL 32547

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB -7 PM 3:20



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4836417

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROCKMAN, KEITH
108 SE EGLIN PKWY
FT 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
ROCKMAN, KEITH
326 BROOKS ST SE
FORT WALTON BEACH, FL 32548

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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B 2/8/08

000118354690
02/19/08--01050--024 **288.75

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith L. Rockman

January 18, 2008

850 862-1900