

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90056 005 ***150.00

DOCUMENT # P06000068129

1. Entity Name

SQUARE ONE SKATE SHOP INC.



Principal Place of Business

1019 S. 3RD. STREET
JACKSONVILLE BEACH FL 32250

Mailing Address

1019 S. 3RD. STREET
JACKSONVILLE BEACH FL 32250

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

1019 S. 3RD ST.

Suite, Apt. #, etc.

3. Mailing Address

1019 S. 3RD ST

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)



City & State

JACKSONVILLE BEACH, FL

Zip

32250

Country

U.S.A.

City & State

JACKSONVILLE BEACH, FL

Zip

32250

Country

U.S.A.

4. FEI Number

59-3704570

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

A1A REGISTERED AGENT INC.
92 SADBERRY RD
QUINCY FL 32351

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D, P
NAME EMMA, ALBERT ☐ Delete
STREET ADDRESS 146 PABLO PT. DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE D, VP
NAME CONSUNJI, EDWIN ☐ Delete
STREET ADDRESS 1891 BLUE HERON LANE
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE D, S
NAME EMMA, MARIO ☐ Delete
STREET ADDRESS 1019 S. 3RD. STREET
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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 Section 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

Date

Daytime Phone #

3/27/07 904 241-7667