

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

**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**



01152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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 reappointing) 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**

U000000302642  
04/30/08-80014-007 150.00

**10. OFFICERS AND DIRECTORS**

|                |                              |
|----------------|------------------------------|
| TITLE          | D, P                         |
| NAME           | EMMA, ALBERT                 |
| STREET ADDRESS | 146 PABLO PT. DRIVE          |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32225       |
| TITLE          | D, VP                        |
| NAME           | CONSUNJI, EDWIN              |
| STREET ADDRESS | 1891 BLUE HERON LANE         |
| CITY-ST-ZIP    | JACKSONVILLE BEACH, FL 32250 |
| TITLE          | D, S                         |
| NAME           | EMMA, MARIO                  |
| STREET ADDRESS | 1019 S. 3RD. STREET          |
| CITY-ST-ZIP    | JACKSONVILLE BEACH, FL 32250 |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY-ST-ZIP    |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY-ST-ZIP    |                              |

**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 807, 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: *Edwin Consunji*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08 904-241-7667  
Date Daytime Phone #