

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000038742

1. Entity Name
PIER CONCESSIONS, INC.



Principal Place of Business
8680 N. ATLANTIC AVE.
CAPE CANAVERAL, FL 32920

Mailing Address
8680 N. ATLANTIC AVE.
CAPE CANAVERAL, FL 32920



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3182990
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOTTLER, RICHARD H JR
8680 N. ATLANTIC AVE.
CAPE CANAVERAL, FL 32920

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE SD
NAME STOTTLER, RICHARD H JR
STREET ADDRESS 8680 N. ATLANTIC AVE.
CITY-ST-ZIP CAPE CANAVERAL, FL

TITLE PD
NAME DEEVERS, JUDITH C
STREET ADDRESS 8680 N ATLANTIC AVE
CITY-ST-ZIP CAPE CANAVERAL, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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01/29/05-80051-001 159.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05 321-783-1320
Date Daytime Phone #