

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000048791

1. Entity Name
NINE MILE TUNE, INC.



Principal Place of Business
35 E. NINE MILE ROAD
PENSACOLA, FL 32509 US

Mailing Address
35 E NINE MILE RD
PENSACOLA, FL 32534 US

FILED
Sep 09, 2008 08:00 AM
Secretary of State



08202008 No Chg-P CR2E034 (11/05)

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4. FEI Number
57-0982289

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GERHARDT, SCOTT
4810 YACHT HARBOR DRIVE
PENSACOLA, FL 32514

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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 \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRIMAUD, DAVID W
STREET ADDRESS	804 OLD FORGE RD
CITY-ST-ZIP	CHAPIN, SC 29036
TITLE	D
NAME	GRIMAUD, GLADYS
STREET ADDRESS	804 OLD FORGE RD
CITY-ST-ZIP	CHAPIN, SC 29036
TITLE	ST
NAME	MEETZE, SADIE L
STREET ADDRESS	1112 FARMING CREEK RD.
CITY-ST-ZIP	IRMO, SC 29063
TITLE	T
NAME	PLYLER, MAUREEN
STREET ADDRESS	245 AUTUMNVIEW CT
CITY-ST-ZIP	WEST COLUMBIA, SC 29170
TITLE	D
NAME	GERHARTT, SCOTT
STREET ADDRESS	4810 YACHT HARBOR DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	D
NAME	SCOTT, MIKE
STREET ADDRESS	215 BRECKENRIDGE DR
CITY-ST-ZIP	VALDOSTA, GA 31605

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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: Maureen Plyler Maureen Plyler 8/20/08 843-413-1956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #