


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000057241			
<small>1. Entity Name</small> LEMONADE OF PENSACOLA, INC.			
<small>Principal Place of Business</small> 803 STANLEY AVENUE PENSACOLA FL 32503		<small>Mailing Address</small> 803 STANLEY AVENUE PENSACOLA FL 32503	
<small>2. Principal Place of Business</small>		<small>3. Mailing Address</small>	
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>	
<small>City & State</small>		<small>City & State</small>	
<small>Zip</small>		<small>Country</small>	
<small>4. FEI Number</small> 59-3519154		<small>Applied For Not Applicable</small>	
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>		<small>\$8.75 Additional Fee Required</small>	
<small>6. Name and Address of Current Registered Agent</small>		<small>7. Name and Address of New Registered Agent</small>	
ROESCH, J C 803 STANLEY AVENUE PENSACOLA FL 32503		<small>Name</small>	
		<small>Street Address (P.O. Box Number is Not Acceptable)</small>	
		<small>City</small>	<small>FL</small> <small>Zip Code</small>
<small>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.</small>			
<small>SIGNATURE</small>		<small>DATE</small>	
<small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	D ROESCH, J C 803 STANLEY AVENUE PENSACOLA FL 32503 <input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/05)

4. FEI Number 59-3519154

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

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 DATE

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

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete

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 any other like empowered.

SIGNATURE: *J. Clayton Roesch* DATE: 1/22/06

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