


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90035 012 ***150.00

DOCUMENT # P98000090291 1. Entity Name FINGERS OF ESCAMBIA, INC.																													
Principal Place of Business 17395 PERDIDO KEY DR. PENSACOLA, FL 32507			Mailing Address 16291 PERDIDO KEY DR PENSACOLA, FL 32507																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 16296 Perdido Key Drive Suite, Apt. #, etc.																											
City & State Zip		City & State Pensacola, FL Zip 32507		4. FEI Number 59-3550664																									
Country Escambia		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent KIEVIT, KELLY & ODOM, P.A. 15 WEST MAIN STREET PENSACOLA, FL 32501			7. Name and Address of New Registered Agent Name Joseph Gilchrist Street Address (P.O. Box Number is Not Acceptable) 16296 Perdido Key Drive City Pensacola FL Zip Code 32507																										
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 <u><i>Joseph B. Gilchrist</i></u> Joseph B. Gilchrist President 1/15/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
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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: <u><i>Joseph B. Gilchrist</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 1/12/07 Daytime Phone # 850-492-7601																									