

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000063609

1. Entity Name
TALLAHASSEE ARENA, INC.



Principal Place of Business
1909 CAPITAL CIR. NE
TALLAHASSEE, FL 32308

Mailing Address
1909 CAPITAL CIR. NE
TALLAHASSEE, FL 32308

FILED
05 SEP -9 AM 11:25
TALLAHASSEE, FLORIDA

3000059620523
SEP 13 2005



07012005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3629859

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, KEVIN
1909 CAPITAL CIR. NE
TALLAHASSEE, FL 32308

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIS, KEVIN
STREET ADDRESS	1909 CAPITAL CIR. NE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	MOSES, MATTHEW
STREET ADDRESS	6109 BORDERLINE DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

3000059620523
09/14/05--01037--001 **\$600.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kevin Moses 9/14/05 250-545-7244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #