


**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90045 024 \*\*\*150.00

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT # S74869**  
 1. Entity Name  
**ROXIE OF PENSACOLA, INC.**




Principal Place of Business <b>TOWN &amp; COUNTRY BINGO 3300 N PACE BLVD #310 PENSACOLA, FL 32505</b>	Mailing Address <b>TOWN &amp; COUNTRY BINGO 3300 N PACE BLVD #310 PENSACOLA, FL 32505</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

40019727



01222007 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3082152</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>SHELL, STEPHEN B 226 PALAFOX PLACE, 7TH FLOOR SEVILLE TOWER PENSACOLA, FL 32501</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DANJI, MIKE 3300 N PACE BLVD #310 PENSACOLA, FL 32505 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DANJI, ROCHELLE 3300 N PACE BLVD #310 PENSACOLA, FL 32505 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Rochelle Danhi Date: 2/10/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #