


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90009 046 ***150.00

DOCUMENT # S74869			
1. Entity Name ROXIE OF PENSACOLA, INC.			
Principal Place of Business TOWN & COUNTRY BINGO 3300 N PACE BLVD #310 PENSACOLA, FL 32505		Mailing Address TOWN & COUNTRY BINGO 3300 N PACE BLVD #310 PENSACOLA, FL 32505	
2. Principal Place of Business - No P.O. Box # 100 BAYBRIDGE DRIVE		3. Mailing Address 100 BAYBRIDGE DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State GULF BREEZE, FL		City & State GULF BREEZE, FL	
Zip 32561		Zip 32561	
Country		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHELL, STEPHEN B 226 PALAFOX PLACE, 7TH FLOOR SEVILLE TOWER PENSACOLA, FL 32501		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 _____ <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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DANJI, ROCHELLE 3300 N PACE BLVD #310 PENSACOLA, FL 32505	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 BAYBRIDGE DRIVE GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Rochelle Danji</i>		Date: <i>2/15/08</i>	Daytime Phone #: <i>813 932-5959</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

