


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-15-2008 90009 046 \*\*\*150.00

<b>DOCUMENT # S74869</b> 1. Entity Name <b>ROXIE OF PENSACOLA, INC.</b>			
Principal Place of Business <b>TOWN &amp; COUNTRY BINGO</b> <b>3300 N PACE BLVD #310</b> <b>PENSACOLA, FL 32505</b>		Mailing Address <b>TOWN &amp; COUNTRY BINGO</b> <b>3300 N PACE BLVD #310</b> <b>PENSACOLA, FL 32505</b>	
2. Principal Place of Business - No P.O. Box # <b>100 BAYBRIDGE DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>100 BAYBRIDGE DRIVE</b> Suite, Apt. #, etc.	
City & State <b>GULF BREEZE, FL</b> Zip <b>32561</b>		City & State <b>GULF BREEZE, FL</b> Zip <b>32561</b>	
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 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHELL, STEPHEN B</b> <b>226 PALAFOX PLACE, 7TH FLOOR</b> <b>SEVILLE TOWER</b> <b>PENSACOLA, FL 32501</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>DANHI, ROCHELLE</b> <b>3300 N PACE BLVD #310</b> <b>PENSACOLA, FL 32505</b>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: <i>Rochelle Danhi</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>1/14/08</i> <i>810 932-5959</i> <small>Date      Daytime Phone #</small>	