

**2008 FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # H70851  
 1. Entity Name  
 PACE ENTERPRISES OF SANTA ROSA COUNTY, INC.



Principal Place of Business      Mailing Address  
 43 LAIRD RD.                              43 LAIRD RD.  
 CRESTVIEW, FL 32539 US              CRESTVIEW, FL 32539 US

**DO NOT WRITE IN THIS SPACE**



01082008      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 59-3050638      Not Applicable

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

6. Name and Address of Current Registered Agent  
 PERMENTER, R. DOUGLAS  
 43 LAIRD RD.  
 CRESTVIEW, FL 32539

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent as applicable. (NOTE: Registered Agent signature required when reconstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

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

000000785152  
 01/16/08-80084-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PERMENTER, WILLIAM 110 CHANTELAIRE CIR GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERMENTER, R. DOUGLAS 43 LAIRD RD CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERMENTER, STEPHANIE D. 110 MEADOW RD BUFFALO, NY 14216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PERMENTER, ELIZABETH A. 110 CHANTELAIRE CIR GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Elizabeth A. Permenter*      1/14/08      850-892-2103  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #