

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # J76008 1. Entity Name FLICKERLITE BAR & PIZZA RESTAURANT, INC. |  |
|---|---|

| | |
|--|--|
| Principal Place of Business C/O JOAN F. CAPONE 4100 N 35 AVENUE HOLLYWOOD FL 33021 | Mailing Address C/O JOAN F. CAPONE 4100 N 35 AVENUE HOLLYWOOD FL 33021 |
|--|--|



1st MOORE CR2E034 (10/04)

| | | |
|--------------------------------|---------------------|-------------|
| 2. Principal Place of Business | 3. Mailing Address | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip Country |

4. FEI Number **59-2841512** Applied For
 Not Applied

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

6. Name and Address of Current Registered Agent

**CAPONE, JOAN F.
4100 N 35 AVENUE
HOLLYWOOD FL 33021-8914**

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| TITLE | NAME | <input type="checkbox"/> Delete |
|-------|---|---------------------------------|
| PD | CAPONE, KARIN 1014 N. OCEAN DR HOLLYWOOD FL | <input type="checkbox"/> |
| VD | CAPONE, RICHARD 1014 N. OCEAN DR HOLLYWOOD FL | <input type="checkbox"/> |
| TD | CAPONE, JOAN F. 4100 N. 35TH AVENUE HOLLYWOOD FL | <input type="checkbox"/> |
| VP | VIVACUE, PATRICIA J. 1014 N OCEAN DR HOLLYWOOD FL | <input type="checkbox"/> |
| SD | CAPONE, JOHN 1014 N OCEAN DR HOLLYWOOD FL | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
|-------|------|---------------------------------|------------------------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

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: *Joan F. Capone* **Joan F. Capone** Treasurer **Feb. 7, 2005** **After 2 P.M.** **(954)961-3079**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #