

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J76008</b> 1. Entity Name FLICKERLITE BAR & PIZZA RESTAURANT, INC.	
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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
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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1st MOORE      CR2E034 (10/06)

City & State  Zip      Country	City & State  Zip      Country
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4. FEI Number <b>59-2841512</b>	<input type="checkbox"/> 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>  CAPONE, JOAN F. 4100 N 35 AVENUE HOLLYWOOD FL 33021-8914	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing <b>\$5.00</b> May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>
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10. OFFICERS AND DIRECTORS	
TITLE	PD CAPONE, KARIN 1014 N. OCEAN DR HOLLYWOOD FL
TITLE	VD CAPONE, RICHARD 1014 N. OCEAN DR HOLLYWOOD FL
TITLE	TD CAPONE, JOAN F. 4100 N. 35TH AVENUE HOLLYWOOD FL
TITLE	VP VIVACUE, PATRICIA J. 1014 N OCEAN DR HOLLYWOOD FL
TITLE	SD CAPONE, JOHN 1014 N OCEAN DR HOLLYWOOD FL
TITLE	_____ _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	_____ _____
TITLE	_____ _____
TITLE	_____ _____
TITLE	_____ _____
TITLE	_____ _____
TITLE	_____ _____

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04/12/07-80018-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Joan Capone*      Joan Capone, Treas.      3/21/2007      (954)961-3079