## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S04053

Entity Name: FLORIDA TAVERNS INC.

FILED Jan 06, 2009 Secretary of State

,		7, 1, 2, 1, 10,			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	20 SOUTH INGS, VA 2444	15 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX HOT SPRI	741 INGS, VA 2444	15 US			
FEI Number	: 65-0221658	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			: Name and Address o	Name and Address of New Registered Agent:	
HIGHLEY 400 MAITL	E, TERRENCE & BARFIELD, F LAND AVE. ITE SPRINGS,	PA FL 327151629 US			
	e named entity s e of Florida.	submits this statement for t	he purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electroni	ic Signature of Registered	Agent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () SNEAD, SAMUE ROUTE 220 SOU HOT SPRINGS,	UTH	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () SNEAD, ANN D., ROUTE 220 SOU HOT SPRINGS,	UTH	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANN D. SNEAD PRES 01/06/2009