

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90068 031 ***158.75

DOCUMENT # P95000002304

1. Entity Name

DOC'S BILLIARDS, INC.



Principal Place of Business

161 BAHAMA
KEY LARGO FL 33037
US

Mailing Address

161 BAHAMA
KEY LARGO FL 33037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E034 (11/03)



4. FEI Number

22-3347528

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KATZENELL, HERMAN
161 BAHAMA
KEY LARGO FL 33037

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐
KATZENELL, HERMAN
161 BAHAMA
KEY LARGO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

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:

Herman Katzenell President HERMAN KATZENELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04

(305) 451-2869

Date Daytime Phone #