


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90230 027 \*\*\*150.00

<b>DOCUMENT # 224961</b> 1. Entity Name <b>EAU GALLIE-MELBOURNE BOWLING PALACE INC</b>					
Principal Place of Business <b>1250 EAST HALLANDALE BEACH BLVD, STE 300 HALLANDALE, FL 33009</b>			Mailing Address <b>1250 EAST HALLANDALE BEACH BLVD, STE 300 HALLANDALE, FL 33009</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1108635</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>LAUNER, BLANCHE 1250 E HALLANDALE BCH BLVD STE 300 HALLANDALE, FL 33009</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPAT NESTOR, BRENDA 1250 EAST HALLANDALE BEACH BLVD, STE 300 HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman/Pres/Ceo/AT/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCAT COLVIN, MELVIN R 1250 EAST HALLANDALE BEACH BLVD, STE 300 HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman/ExVP/AT/AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFAT MCGANN, EDWARD T AT 1250 EAST HALLANDALE BEACH BLVD, STE 300 HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS LAUNER, BLANCHE 1250 EAST HALLANDALE BEACH BLVD, STE 300 HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/VP/S/T <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Blanche Launer</u> <b>Blanche Launer</b> 4/25/07 954-458-4343 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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