


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 380228</b> 1. Entity Name <b>BOWL AMERICA OF FLORIDA, INC..</b>	
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Principal Place of Business <b>501 N MAGNOLIA AVE STE A ORLANDO, FL 32801 US</b>	Mailing Address <b>PO BOX 1288 SPRINGFIELD, VA 22151 US</b>
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01032008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1353045</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>PETREE, ROBERT G 501 MAGNOLIA AVENUE ORLANDO, FL 32801</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>000000789684 01/23/08-80003-010 158.75</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, IRVING 8650 HALLARD CT MANASSA, VA 22110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DICK, MICHAEL T 4626 QUARTER CHARGE DR ANNANDALE, VA 22003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOLDBERG, LESLIE H 1250 S WASHINGTON, #317 ALEXANDRIA, VA.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** Irvin Clark   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **1/11/08 703-941-6300**  
Date Daytime Phone #