2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT# 500351

1. EntityName
LONG BRANCH BAR, INC.

PrincipalPlaceofBusiness	MailingAddress
HWY 29 SOUTH P.O. BOX 2222 LABELLE, FL 33935-2222	HWY 29 SOUTH P.O. BOX 2222 LABELLE, FL 33975-2222

DO NOT WRITE IN THIS SPACE

01132004 NoChg-P CR2E034(10/03)

4. FEINumber
59-1671921
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

DAVIS, PAULA SUE
4020 TEAK LANE
LABELLE, FL 33935

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable (NOTE:RegisteredAgentsignaturerequiredwhenre instating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

U00000035276
02/06/04-80011-018 150.00

10. OFFICERSANDDIRECTORS

TITLE	PD
NAME	DAVIS, PAULA SUE
STREETADDRESS	HIGHWAY 29
CITY-ST-ZIP	LABELLE, FL
TITLE	VD
NAME	BALLARD, KIM
STREETADDRESS	HWY. 29 S.
CITY-ST-ZIP	LABELLE, FL 33935
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. Ihereby 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: Paula Lee Hall 2/6/04
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#