
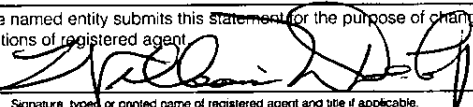



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90052 004 \*\*\*150.00

<b>DOCUMENT # 646594</b> 1. Entity Name <b>PROFESSIONAL BARS, INC.</b>					
Principal Place of Business <b>55TH STREET OCEAN MARATHON, FL 33050</b>			Mailing Address <del>55TH STREET OCEAN</del> <b>MARATHON, FL 33050</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>2105 Dolphin Drive</b>  Suite, Apt. #, etc.			
City & State _____		City & State <b>Marathon FL</b>		4. FEI Number <b>59-1965623</b>	
Zip _____		Country _____		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FRIGOLA, ALFRED 5701 OVERSEAS HWY SUITE 17 MARATHON, FL</b>		7. Name and Address of New Registered Agent Name <b>William N. DeVane, JR. ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5701 Overseas Hwy</b> Suite <b>12</b> City <b>MARATHON</b> <b>FL</b> Zip Code <b>33050</b>			
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  <b>WILLIAM N. DeVane, JR.</b> <b>305-743-6565</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE <b>2/8/05</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SORENSON, MARY JANE 55TH STREET OCEAN MARATHON FL,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSDV SORENSON-FLOWERS, JUDITH 55TH ST OCEAN MARATHON, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
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:  <b>WILLIAM N. DeVane, JR.</b> <b>305-743-6565</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date <b>2/8/05</b> Daytime Phone # _____		