

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # 6668Q8

1. Entity Name
G. & R. BILLIARDS, INC.



Principal Place of Business
**4571 NW 8TH AVE
OAKLAND PARK, FL 33309 US**

Mailing Address
**4571 NW 8TH AVE
OAKLAND PARK, FL 33309 US**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2153948

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROSS, GARY
4571 NW 8TH AVE
OAKLAND PARK, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000050698
02/16/04 00021 000 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
ROSS, GARY
10906 BLACKHAWK ST
PLANTATION, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
ROSS, MARJORIE
10906 BLACKHAWK ST
PLANTATION, FL 33324**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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:

Marjorie Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/04
Date

954-370-1919
Daytime Phone #