2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2004 8:00 am Secretary of State

DOCUMENT # J28679 1. Entity Name RIVER LANES OF TITUSVILLE, INC.						04-13-2004 90024 050 ***150.00				
Principal Plac	e of Busines	s	Mailing Address		•	7				
RIVER LANES			800 CHENEY HWY.							•
800 CHENEY			TITUSVILLE, FL 32780						•	
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2. Principal Place of Business			3. Mailing Address							
z. inicipali	IACE OF EGSII	,	5. Walling Address				BULLING BRILLING KOM	EILH LIUF III	III DLUII DABA DII	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052004	Chg-P	CR2E0	34 (10/03)			
City & State		City & State			4. FEI Number 59-27086	679			pplied For ot Applicable	
Zíp	Zip Country		Zip		itry	5. Certificate of Status Desired \$8.75 Additional				
	6 Name	and Address of Current	Posictored Asset						Fee Require	ed
	o. Italiic	and Address of Current	negistered Agent		Name	/. Name and A	ddress of New R	egisterec /		2 - 4 -
LEVENS,	SHIRLEY_		سے سے دیا میاسے			- -		÷ ·		2.5
800 CHENEY HWY. TITUSVILLE, FL 32780					Street Address	(P.O. Box Number	is Not Acceptable	e) 		
.,,			:		City				Zip Cod	10
					l			FL	• '	
8. The above the obligat	named entit ions of regist	y submits this statement for tered agent.	or the purpose of changing its	register	ed office or registe	ered agent, or both,	in the State of Flo	orida. I am	familiar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (NOT)	: Registere	d Agent signature requir	ad when rainstating)		DATE		
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 4 Fee will be \$550.	9. Election Campai Trust Fund Cont	-	~ — *	5.00 May Be Ided to Fees		<u> </u>		
FIL After Ma	ay 1, 200	FEE IS \$150.00 4 Fee will be \$550. Officers and	OO Trust Fund Cont	-	~ — *	Ided to Fees	HANGES TO OFF	ICERS AND	DIRECTOR	IS IN 11
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12. I hereby certify that the information supplied with this filling 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 another like empowered.

SIGNATURE: ♥

GNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(321)267-7118