

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J53425

FILED  
Jan 08, 2006  
Secretary of State

Entity Name: SPORTSTOWN BILLIARDS, INC.

## Current Principal Place of Business:

2414 E. ROBINSON ST  
ORLANDO, FL 328035822

## New Principal Place of Business:

## Current Mailing Address:

2414 E. ROBINSON ST  
ORLANDO, FL 328035822

## New Mailing Address:

FEI Number: 59-2931523

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DORE, VICTORIA LYNNE  
2414 EAST ROBINSON  
ORLANDO, FL 32803 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WORTMAN, LEE J  
Address: 2414 E. ROBINSON ST  
City-St-Zip: ORLANDO, FL 32803

Title: VPD ( ) Delete  
Name: DORE, VICTORIA L  
Address: 2414 E. ROBINSON ST  
City-St-Zip: ORLANDO, FL 32803

Title: ATD ( ) Delete  
Name: KING, RENEE  
Address: 1125 SHERRINGTON ROAD  
City-St-Zip: ORLANDO, FL 328042234

Title: ATD ( ) Delete  
Name: BOYINGTON, DAVID  
Address: 7517 RIO PINAR LAKES BLVD.  
City-St-Zip: ORLANDO, FL 32822

Title: ASD ( ) Delete  
Name: THOMAS, GWEN  
Address: 1831 ILLINOIS STREET  
City-St-Zip: ORLANDO, FL 32803

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTORIA LYNNE DORE

V.PR

01/08/2006

Electronic Signature of Signing Officer or Director

Date