2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K15808

1. Entity Name
PROFESSIONAL BOWLERS, INC.

Principal Place of Business	Mailing Address
2317 S UNIVERSITY DR	2317 S UNIVERSITY DR
DAVIE, FL 33324 US	DAVIE, FL 33324 US

60038230

DO NOT WRITE IN THIS SPACE

04082006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0030294	Not Applicable

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

6. Name and Address of Current Registered Agent

COMITO, ROBERT P
2317 S UNIVERSITY DR
DAVIE, FL 33324

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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, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	COMITO, ROBERT P.
STREET ADDRESS	2317 S UNIVERSTIY DR
CITY-ST-ZIP	DAVIE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X _____   X 4/29/06   954
472.9511