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All Pro

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275-6011

ADN. TINA CAULEY


For Office Use Only

FOR PROFIT CORPORATION  
ANNUAL REPORT

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAY -9 PM 12:50

DOCUMENT # K92898	
1. Entity Name All Pro Bowling and Dart Supply, Inc.	

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2. Principal Place of Business - No P.O. Box # 3833 N. POWERLINE RD	3. Mailing Address 3833 N. POWERLINE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State FT. LAUD, FLA.	City & State FT. LAUD, FLA.
Zip 33309	Country USA

CR2E034B (1/11)

4. FEI Number 65-0127612	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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## 7. Name and Address of Current Registered Agent

Name MARK GELFAND
Street Address (P.O. Box Number is Not Acceptable) 3833 N. Powerline Road
City FT. LAUDERDALE FL
Zip Code 33309

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 (Type or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

E-mail Address:

allpro300@aol.com

E-mail address to be used for future annual report notices

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARK GELFAND 3833 N. POWERLINE RD. FT. LAUD, FLA. 33309
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	* Pursuant to telephone conversation with Mark Gelfand RA Address is to remain the same as previous years and as mailing address * JC 5/9

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JC 5/9

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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #