


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

|   |   |                    |   |  |  |
|---|---|--------------------|---|--|--|
| <b>DOCUMENT # L84346</b><br>1. Entity Name<br><b>BEVERLY HILLS BOWL, INC.</b>   |   |                    |   |   |  |
| Principal Place of Business<br><b>3330 N. LECANTO HWY.<br/>BEVERLY HILLS FL 34464<br/>US</b>  |   |                    | Mailing Address<br><b>P.O. BOX 640428<br/>BEVERLY HILLS FL 34464-0428<br/>US</b>                                    |  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address |   |  |  |
| Suite, Apt #, etc.  |   | Suite, Apt #, etc. |   |  |  |
| City & State  |   | City & State       |   | 4. FEI Number <b>59-3068240</b>  |  |
| Zip   |   | Country            |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                          |  |
| 6. Name and Address of Current Registered Agent   |   |                    |   | 7. Name and Address of New Registered Agent  |  |
| <b>FRANITZA, PATRICIA<br/>3162 ROLLING OAKS<br/>BEVERLY HILLS FL 34465</b>  |   |                    |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |                    |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   |                    | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |
| 10. OFFICERS AND DIRECTORS  |   |                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>PS<br/>FRANITZA, PATRICIA<br/>PO BOX 260<br/>LECANTO FL 34460</b> <input type="checkbox"/> Delete          |                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>U000000039223<br/>02/06/04-80169-021 150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>VPT<br/>KUCHARSKI, JUDITH<br/>PO BOX 640965<br/>BEVERLY HILLS FL 34464</b> <input type="checkbox"/> Delete |                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| 12. I hereby certify that the information supplied with this filing 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 all other like empowered. |   |                    |   |  |  |
| <b>SIGNATURE: <i>Patricia Franitza</i> PATRICIA FRANITZA 2-04-04</b>  |   |                    |   |  |  |