

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90002 008 ****61.25

DOCUMENT # N02000009576

1. Entity Name
LEATHERNECK LOUNGE, INC.



Principal Place of Business
**8405 SUNSHINE GROVE ROAD
BROOKSVILLE, FL 34613**

Mailing Address
**8405 SUNSHINE GROVE ROAD
BROOKSVILLE, FL 34613**



07082004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1668251

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHLOSSER, JOE
8405 SUNSHINE GROVE ROAD
BROOKSVILLE, FL 34613**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JUDE, ERIC
5218 FIELDSTONR
SPRING HILL, FL 34606**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BURCAW, TERRY
11014 LA PAZ COURT
SPRING HILL, FL 34608**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KESSLER, HANK
3489 ST IVES BLVD
SPRING HILL, FL 34609**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PODRAZA, EUGENE
15110 RIALTO AVE
BROOKSVILLE, FL 34613**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-04 352-597-7979

Date

Daytime Phone #