

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90132 014 ****70.00

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**

40048263



01042006 Chg-NP CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

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

Name **Charles G. Sarges**

Street Address (P.O. Box Number is Not Acceptable)

8341 Boyce St.

City **Spring Hill**

FL

34606-2905

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

Charles G. Sarges

Charles G. Sarges, Paymaster

4/10/06

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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLOSSER, JOE 5141 SILHOUETTE CT SPRING HILL, FL 34607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEROIDE, JOHN 10143 HEATHCLIFF ST SPRING HILL, FL 34608	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRADDOCK, KEN 1400 CORYDON AVE SPRING HILL, FL 34609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTES, STEVE 8179 DELAWARE DR SPRING HILL, FL 34607	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Horace Smith 7778 Holiday Dr. Spring Hill FL 34608-5225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Richard Hancock 11367 Sagamore St. Spring Hill, FL 34609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director C. J. Daigle 12551 Harker St. Spring Hill, FL 34613-2620	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Philip Stern 11259-Saviors-Way Brooksville, FL 34601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Larry MacFarlane 7216 Lansdale St. Brooksville, FL 34601-7706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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

C. J. Daigle

Apr. 11, 2006 (352) 597-7979

Date

Daytime Phone #