


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90102 014 ****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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

01062007 Chg-NP CR2E037 (12/06)

4. FEI Number 06-1668251	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SARGES, CHARLES G 8341 BOYCE ST SPRING HILL, FL 34606-2905

7. Name and Address of New Registered Agent
Name Vincent Shevlin
Street Address (P.O. Box Number is Not Acceptable) 8444 Philadelphia Ave
City Spring Hill FL Zip 34608

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 	Vincent Shevlin	4/19/07
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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SMITH, HORACE 7778 HOLIDAY DR SPRING HILL, FL 346085225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete HANCOCK, RICHARD 11367 SAGAMORE ST SPRING HILL, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete DAIGLE, C.J. 12551 HARKER ST BROOKSVILLE, FL 346132620
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete STERN, PHILIP 11259 SAVIORS WAY BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MACFARLANE, LARRY 7216 LANSDALE ST BROOKSVILLE, FL 346017706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	"P" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vincent Shevlin 8444 Philadelphia Ave Spring Hill, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	"V.P." <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John Yaskulski 11394 Long Hill Ct Spring Hill, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	"D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert Ross 3441 Gator Trail Spring Hill, FL 34604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	"Treas" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition James Steadman 13241 Saddle Way Brooksville, FL 34614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	"D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Harold Neaher 14370 Coronado Dr. Spring Hill, FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	"D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Larry MacFarlane 7214 Lansdale St. Brooksville, FL 34601

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: 	VINCENT SHEVLIN	4/19/07	352-597-7979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #