


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90530 036 ***150.00

DOCUMENT # P00000039782	
1. Entity Name BILLARDS MANAGEMENT OF PENSACOLA, INC.	

Principal Place of Business 8200 W HWY 98 STE A PENSACOLA FL 32506	Mailing Address 8200 W HWY 98 STE A PENSACOLA FL 32506
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MOORE CR2E034 (11/03)


2. Principal Place of Business 6203 W. FAIRFIELD DR Suite, Apt. #, etc.	3. Mailing Address 6203 W. FAIRFIELD DR Suite, Apt. #, etc.
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City & State PENSACOLA FL	City & State PENSACOLA FL
Zip 32506	Country ESCAMBIA

4. FEI Number 59-3641002	Applied For <input type="checkbox"/> Not Applicable
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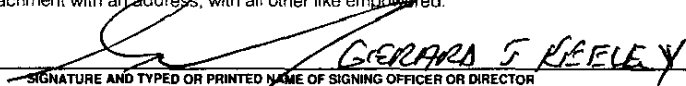
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KEELEY, GERARD J 100 BASS LAKE STREET PENSACOLA FL 32506	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3325 PITCHER PLANT CIR City PENSACOLA FL Zip Code 32506
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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.	DATE 4/23/04 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME KLEIH, ROBERT	TITLE	NAME
STREET ADDRESS 22 PALAFOX PL	CITY-ST-ZIP PENSACOLA FL 32501	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE DVP	NAME STARBUCK, MICHAEL	TITLE PD	NAME
STREET ADDRESS 22 PALAFOX PL	CITY-ST-ZIP PENSACOLA FL 32501	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE STD	NAME KEELEY, GERARD	TITLE	NAME
STREET ADDRESS 8200 W. HWY 98TH STE., A	CITY-ST-ZIP PENSACOLA FL 32506	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4/23/04 Daytime Phone # 850 457 1312