

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90007 034 ***150.00

DOCUMENT # P01000015599

1. Entity Name
THE DUGOUT, INC.



Principal Place of Business
**803 NORTH LAKESIDE DRIVE
DESTIN, FL 32541**

Mailing Address
**803 NORTH LAKESIDE DRIVE
DESTIN, FL 32541**

54018118

2. Principal Place of Business
703 NORTH LAKESIDE DR.
Suite, Apt. #, etc.

3. Mailing Address
703 NORTH LAKESIDE DR.
Suite, Apt. #, etc.



03102004 Chg-P CR2E034 (10/03)

City & State
DESTIN FLORIDA
Zip
32541
Country
OKALOOSA

City & State
DESTIN FLORIDA
Zip
32541
Country
OKALOOSA

4. FEI Number
59-3697890
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GOODMAN, KATHLEEN
**803 NORTH LAKESIDE DRIVE
DESTIN, FL 32541**

7. Name and Address of New Registered Agent

Name
GOODMAN, KATHLEEN E.

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

703 NORTH LAKESIDE DRIVE

City **DESTIN** FL Zip Code **32541**

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 *Kathleen E. Goodman* **KATHLEEN E. GOODMAN** **PRESIDENT** **3/10/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GOODMAN, KATHLEEN E**
STREET ADDRESS **803 N LAKESIDE DRIVE**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **KATHLEEN E. GOODMAN**
STREET ADDRESS **703 NORTH LAKESIDE DRIVE**
CITY-ST-ZIP **DESTIN FLORIDA 32541**

TITLE **V** ☐ Change ☒ Addition
NAME **THOMAS J. POVAZAN**
STREET ADDRESS **703 NORTH LAKESIDE DR.**
CITY-ST-ZIP **DESTIN FLORIDA 32541**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 *Kathleen E. Goodman* **KATHLEEN E. GOODMAN** **PRESIDENT** **3/10/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #