

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P02000010625

1. Entity Name  
SIN-NA-BAR INC.



Principal Place of Business

4233 US HIGHWAY 19  
NEW PORT RICHEY, FL 34652 US

Mailing Address

4233 US HIGHWAY 19  
NEW PORT RICHEY, FL 34652

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**



01132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0537972

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAUDILL, VICTOR  
7608 CYPRESS KNEE DRIVE  
4TH FLOOR  
HUDSON, FL, FL 34667

**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

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAUDILL, VICTOR
STREET ADDRESS	7608 CYPRESS KNEE DRIVE
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	D
NAME	BRUGGEMANN, RICHARD
STREET ADDRESS	351 LONGVIEW DRIVE
CITY-ST-ZIP	MOUNTAINSIDE, NJ 07092
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000596653  
01/24/07-80004-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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 owner 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:

*Victor L Caudill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #