

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90012 041 \*\*\*150.00

DOCUMENT # P02000026516

1. Entity Name

ANASTASIA BILLIARD ROOM, INC.



Principal Place of Business

1957 A1A SOUTH  
SAINT AUGUSTINE FL 32080

Mailing Address

P O BOX 840176  
SAINT AUGUSTINE FL 32080

2. Principal Place of Business

3. Mailing Address

P.O. Box 840176

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST. Augustine, FL

Zip

Country

Zip

32080

Country

ST. Johns

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'CONNELL, W. HENRY  
2200 N. PONCE DE LEON BOULEVARD  
SUITE 10  
ST. AUGUSTINE FL 32084

Name

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

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME LONGO, ROBERT A  
STREET ADDRESS 62 BARRING PLACE  
CITY-ST-ZIP PALM COAST FL 32137

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

TITLE VST ☐ Delete  
NAME DEUBLE, JOHN  
STREET ADDRESS 64 BARRING PLACE  
CITY-ST-ZIP PALM COAST FL 32137

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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

Daytime Phone #

ROBERT LONGO 3/13/06 904-461-9224