

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90028 018 \*\*\*150.00

**DOCUMENT # P02000063903**

1. Entity Name

CHUGGER'S SPORTS BAR & GRILL, INC.



Principal Place of Business

9539 E. FOWLER AVE  
THONOTOSASSA FL 33592

Mailing Address

9539 E. FOWLER AVE  
THONOTOSASSA FL 33592

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3687992

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTLETT, MICHELLE  
14535 BRUCE B DOWNS BLVD. #2113  
TAMPA FL 33594

Name *Monica Z. Lawson*

Street Address (P.O. Box Number is Not Acceptable)  
*2403 STATE STREET*

City *Tampa*

FL

Zip Code  
*33609*

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

*Monica Z. Lawson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*3/9/04*

DATE

**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. ☐

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

10. OFFICERS AND DIRECTORS

TITLE VPD  
NAME MILEY, SHATAKA ☐ Delete  
STREET ADDRESS 2932 WASHINGTON ROAD  
CITY-ST-ZIP VALRICO FL 33594

TITLE SD  
NAME BARTLETT, MICHELLE ☒ Delete  
STREET ADDRESS 14535 BRUCE B DOWNS BLVD. #2113  
CITY-ST-ZIP TAMPA FL 33594

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 VPD-SD-TD ☒ Change ☐ Addition  
NAME Miley, Shataka  
STREET ADDRESS 10208 N. 28th St  
CITY-ST-ZIP Tampa, FL 33612

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME KAREN N. MILEY  
STREET ADDRESS 3012 Laurel Ln  
CITY-ST-ZIP Plant City, FL 33566

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME DONALD G. FEAGLE  
STREET ADDRESS 10509 MAIN ST. - PO BOX 1404  
CITY-ST-ZIP THONOTOSASSA, FL 33592

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:

*S N M*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-9-04 813-2209317*

Date

Daytime Phone #