

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90314 009 ***158.75

DOCUMENT # P02000114788

1. Entity Name

THE DUTCHMAN LOUNGE, INC.



Principal Place of Business

2026 SOUTH KINGS ROAD
CALLAHAN FL 32011

Mailing Address

4198 DAWN RIDGE RD EAST
JACKSONVILLE FL 32277

14013176



MOORE CR2E034 (11/03)

2. Principal Place of Business

542128 U.S. Hwy. 1

Suite, Apt. #, etc.

3. Mailing Address

614373 River Road

Suite, Apt. #, etc.

City & State

Callahan, FLA.

City & State

Callahan, FLA.

Zip

32011

Country

USA

Zip

32011

Country

USA

4. FEI Number

11-3663011

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUBBARD, KIM
3128 BEACH BLVD.
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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, 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 D ☐ Delete
NAME VANSKYOC, WILLIAM J II
STREET ADDRESS 4198 DAWN RIDGE RD EAST
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 D ☒ Change ☐ Addition
NAME VANSKYOC, WILLIAM II
STREET ADDRESS 614373 River Road
CITY-ST-ZIP CALLAHAN, FLA. 32011

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

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NAME
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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: William J. Vanskyoc William J. VANSKYOC 4-27-2004 (904) 879-9455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #