


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90004 020 ***150.00

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| DOCUMENT # P02000118813 1. Entity Name GOOD TIMES BILLIARD, INC. | | | |  | |
| Principal Place of Business 2368 W. OAK RIDGE RD. ORLANDO, FL 32809 | | | Mailing Address 717 EAST OAK ST. KISSIMMEE, FL 34744 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address 5576 San Gabriel Dr. Suite, Apt. #, etc. | | |
| City & State Orlando FL | | | 4. FEI Number 59-3762045 | | |
| Zip 32837 | | | Country US | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 6. Name and Address of Current Registered Agent BAUMRUK, ANDY J 717 E. OAK ST. KISSIMMEE, FL 34744 | | | 7. Name and Address of New Registered Agent Name Fabio N. Henao Street Address (P.O. Box Number is Not Acceptable) 5576 San Gabriel Dr. City Orlando, FL Zip Code 32837 | | |
| 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 <u><i>Fabio N. Henao</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HENAO, FABIO N <input checked="" type="checkbox"/> Delete 5576 SAN GABRIEL DR. ORLANDO, FL 328378714 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARDONA, CESAR A. <input checked="" type="checkbox"/> Delete 2538 ALBACA DR. ORLANDO, FL 328378519 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HENAO, GLADYS S <input type="checkbox"/> Delete 2538 ALBACA DR. ORLANDO, FL 328378519 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u><i>Gladys Henao</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| <small>Date Daytime Phone #</small> | | | | | |

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