

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000021905

1. Entity Name  
D'S SPORTS BAR, INC.



Principal Place of Business  
2716 EASTER PLACE  
HOLIDAY, FL 34691

Mailing Address  
2716 EASTER PLACE  
HOLIDAY, FL 34691

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10122004

Chg-P

CR2E034 (10/03)

4. FEI Number

72-1552444

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

O'CONNOR, PATRICK M ESQ.  
2240 BELLEAIR ROAD  
SUITE 160  
CLEARWATER, FL 33764

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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

100041909934  
10/15/04--01104--015 \*\*70.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME DELOMA, FRANK J  
STREET ADDRESS 2716 EASTER PLACE  
CITY-ST-ZIP HOLIDAY, FL 34691 ☐ Delete

TITLE D, P, S. T  
NAME Deloma, Frank J.  
STREET ADDRESS 2715 Easter Place  
CITY-ST-ZIP Holiday, FL 34691 ☒ Change ☐ Addition

TITLE D  
NAME DELANEY, BEVERLEY D  
STREET ADDRESS 2716 EASTER PLACE  
CITY-ST-ZIP HOLIDAY, FL 34691 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

Frank J. Deloma

10/14/04

Date

Daytime Phone #

(727) 946-0386

FILED

04 OCT 15 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

