


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90003 008 ***158.75

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
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2. Principal Place of Business 2527/2529 US Hwy. 19 Suite, Apt. #, etc.	3. Mailing Address 2716 Easter Place Suite, Apt. #, etc.
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City & State Holiday, FL	City & State Holiday, FL
Zip 34691	Zip 34691
Country Pasco	Country Pasco

01042006 Chg-P CR2E034 (11/05)

4. FEI Number 72-1552444	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent O'CONNOR, PATRICK M ESQ. 2240 BELLEAIR ROAD SUITE 160 CLEARWATER, FL 33764	
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7. Name and Address of New Registered Agent Name O'Connor, Patrick M Esq. Street Address (P.O. Box Number is Not Acceptable) 1250 S. Belcher Rd. Suite 160 City Largo FL Zip Code 33771	
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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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DELOMA, FRANK J 2716 EASTER PLACE HOLIDAY, FL 34691 <input type="checkbox"/> Delete	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 exemptions contained in Chapter 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:  **3/15/06** **727-934-3526**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #