## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000032664

BOWLING FOR DOLLARS INC.

Principal Place of Business

Mailing Address

2940 LONE PINE LANE NAPLES, FL 34119 US

2940 LONE PINE LANE NAPLES, FL 34119

**FILED** Feb 05, 2007 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

_	
4. FEI Number	Applied For
14-1906600	Not Applicable

5. Certificate of Status Desired

01262007

\$8.75 Additional Fee Required

CR2E034 (11/05)

No Chg-P

2940 LON NAPLES,	E PINE LANE		1	1	111	WRITE SPACE		
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	office or reg	istered agent, or b	poth, in the State	a of Florida. I am far	niliar with, and ac	cept:
,	Signature, typed or printed name of registered agent and tille i	f applicable (NOTE: Registered A	Agent signature re	quired when reinstating)	;	DATE		•
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financi     Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees				
. 10,	OFFICERS AND DIREC	CTORS		i	: .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PRES COAR, GARY 2940 LONE PINE LANE NAPLES, FL 34119 TREA COAR, KATHY				02.	U00000622 /13/07-800	888 44-019 1!	50. <b>0</b> 0
STREET ADDRESS CITY-ST-ZIP	2940 LONE PINE LANE NAPLES, FL 34119				1	• 1.	it.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC COAR, KATHY 2940 LONE PINE LANE NAPLES, FL 34119			DO	NOT	WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<i>;</i>	IN	THIS	SPACE	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET_ADDRESS ,CITY-ST-ZIP	11						e	

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 out rustee) 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 the empowered.

SIGNATURE: