

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90033 001 ***150.00

DOCUMENT # P03000070788

1. Entity Name
ATLAS BILLIARD SERVICE, INC



Principal Place of Business Mailing Address

**3528 SIMCA DR WEST
 JACKSONVILLE FL 32277
 US** **3528 SIMCA DR WEST
 JACKSONVILLE FL 32277
 US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

20-0025694 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BLOCKER, GRAYSON B
 9801 OLD BAYMEADOWS RD
 APT 40
 JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

Name: **Grayson B Blocker**

Street Address (P.O. Box Number is Not Acceptable): **3528 Simca Dr W**

City: **JAX** State: **FL** Zip Code: **32277**

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: *Gray B. Blocker* DATE: **1/20/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BLOCKER, GRAYSON B	
STREET ADDRESS	1155 HARMONY DR N	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	S	<input type="checkbox"/> Delete
NAME	BLOCKER, GRAYSON B	
STREET ADDRESS	1155 HARMONY DR N	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE	T	<input type="checkbox"/> Delete
NAME	BLOCKER, GRAYSON B	
STREET ADDRESS	1155 HARMONY DR N	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3528 Simca Dr W	
CITY-ST-ZIP	JAX, FL 32277	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3528 Simca Dr W	
CITY-ST-ZIP	JAX, FL 32277	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3528 Simca Dr W	
CITY-ST-ZIP	JAX, FL 32277	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Gray B. Blocker* DATE: **1/20/06** DAYTIME PHONE #: **904-997-9018**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #