

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000070788

FILED  
Jan 05, 2008  
Secretary of State

Entity Name: ATLAS BILLIARD SERVICE, INC

## Current Principal Place of Business:

3528 SIMCA DR WEST  
JACKSONVILLE, FL 32277 US

## New Principal Place of Business:

## Current Mailing Address:

6999-02 MERRILL RD  
#103  
JACKSONVILLE, FL 32277 US

## New Mailing Address:

FEI Number: 20-0025694

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLOCKER, GRAYSON B  
3528 SIMEA DRIVE WEST  
JACKSONVILLE, FL 32277 US

## Name and Address of New Registered Agent:

BLOCKER, GRAYSON B  
3528 SIMCA DRIVE WEST  
JACKSONVILLE, FL 32277 US

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.

SIGNATURE:

01/05/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BLOCKER, GRAYSON B  
Address: 3528 SIMCA DRIVE WEST  
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: S ( ) Delete  
Name: BLOCKER, GRAYSON B  
Address: 3528 SIMCA DR W  
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: T ( ) Delete  
Name: BLOCKER, GRAYSON B  
Address: 3528 SIMCA DRIVE WEST  
City-St-Zip: JACKSONVILLE, FL 32277 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRAYSON BLOCKER

P

01/05/2008

Electronic Signature of Signing Officer or Director

Date