

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90041 005 ***150.00

DOCUMENT # F03000078274

1. Entity Name

DJ'S FAMILY BILLIARDS, INC.



Principal Place of Business

5220 TROUBLE CREEK ROAD
NEW PORT RICHEY FL 34652

Mailing Address

5220 TROUBLE CREEK ROAD
NEW PORT RICHEY FL 34652

2. Principal Place of Business

5412 MAIN STREET

Suite, Apt. #, etc.

3. Mailing Address

SAHE

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

City & State

Zip

34652

Country

Zip

Country

1st MOORE
57-1168834

CR2E034 (10/04)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RANDAZZO, JOHN R
5220 TROUBLE CREEK ROAD
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5412 MAIN STREET

NEW PORT RICHEY

City

FL

Zip Code

34652

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

John Randazzo

2/9/05

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RANDAZZO, JOHN R	
STREET ADDRESS	6915 RIDGE TOP DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAMS, DAVID	
STREET ADDRESS	5412 MAIN STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	RANDAZZO, KATHLEEN M	
STREET ADDRESS	6915 RIDGE TOP DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
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 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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:

John Randazzo

2/9/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #