

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90696 005 ***150.00

DOCUMENT # P03000054606

1. Entity Name
CLUB BILLIARDS, INC.



Principal Place of Business
301 N. CATTLEMEN RD., SUITE 205
SARASOTA, FL 34232

Mailing Address
301 N. CATTLEMEN RD., SUITE 205
SARASOTA, FL 34232

2. Principal Place of Business
722 SUN RIDGE WOODS BLVD.
Suite, Apt. #, etc.

3. Mailing Address
722 SUN RIDGE WOODS BLVD
Suite, Apt. #, etc.



04212004 Chg-P CR2E034 (10/03)

City & State
DAVENPORT FL
Zip
33837
Country

City & State
DAVENPORT FL
Zip
33837
Country

4. FEI Number
14-1899878
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CROFT, DEAN
301 N. CATTLEMEN RD., SUITE 205
SARASOTA, FL 34232

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
722 SUN RIDGE WOODS BLVD.
City DAVENPORT FL Zip Code 33837

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CROFT, DEAN
STREET ADDRESS 301 N. CATTLEMEN RD., SUITE 205
CITY-ST-ZIP SARASOTA, FL 34232 ☐ Delete

TITLE VD
NAME CRANMER, SHARON
STREET ADDRESS 301 N. CATTLEMEN RD., SUITE 205
CITY-ST-ZIP SARASOTA, FL 34232 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 722 SUN RIDGE WOODS BLVD.
CITY-ST-ZIP DAVENPORT FL 33837 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 722 SUN RIDGE WOODS BLVD.
CITY-ST-ZIP DAVENPORT FL 33837 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON CROFT

4/25/04

Date

Daytime Phone #

8834204112