


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

| | |
|---------------------------------|---|
| DOCUMENT # P05000130322 |  |
| 1. Entity Name 7 S BAR, INC. | |

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|--|--|
| Principal Place of Business 204 EAST MAIN STREET BOWLING GREEN, FL 33834 | Mailing Address P.O. BOX 668 BOWLING GREEN, FL 33834 |
|--|--|



01182008 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 20-3514300 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

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|---|
| 6. Name and Address of Current Registered Agent PARKER, JAMES D 204 EAST MAIN STREET BOWLING GREEN, FL 33834 |
|---|

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity, by this statement, certifies that it is maintaining its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation:

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U000000918469
05/13/08-80083-015 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PARKER, JAMES D 204 EAST MAIN STREET BOWLING GREEN, FL 33834 |
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IN THIS SPACE**

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 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

4/27/08 863-375-4311
Date Daytime Phone #