## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## 4/16/2007-90332-037-\$150.00-\$150.00 FILED DOCUMENT # P06000013542 07 HAY -7 AM 9: 41 1. Entity Name E & J BILLIARDS INC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 8024 ALICO RD 8024 ALICO RD UNIT A8-A9 UNIT A8-A9 FT MYERS, FL 33913 US FT MYERS, FL 33913 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 04022007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zιρ Country Zιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOUDER, ERIC G Street Address (P.O. Box Number is Not Acceptable) 8024 ALICO RD UNIT A8-A9 **FT MYERS, FL 33913** City Zip Code FI 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: syped or printipo name of registered agent and title if applicable (NOTE; Registered Agent signes, re-lequired when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFIGERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Defete TITLE ☐ Change ☐ Addition : 1,1 GOUDER, ERIC J NAME NAME 1670 HERMITAGE N STREET ADDRESS STREET ADDRESS FT MYERS, FL 33919 CITY-S1-ZIP CITY. SI. 7P TITLE Change ■ Addition ☐ Delete 14th E MAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE 11726 HAME RESE STREET ADDRESS STREE ACAPIESS CITY-ST-ZIP CITY ST- 2P Channe ☐ Addition Delete TITLE mu NAME MAAM STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete ance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OFF ST 20 ☐ Chance Addition ☐ Delete TITLE ic.e NAME MAM STREET ADDRESS STREET AUDRESS CHY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 eath; 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, 4/12/07 ENC DOUNT ERIC GO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ERIC GULDER