


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90007 008 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P06000141923</b>                 |  |
| 1. Entity Name<br>SPORTSTERS BAR & GRILL, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br>10367 117TH AVE<br>LARGO, FL 33772 | Mailing Address<br>10367 117TH AVE<br>LARGO, FL 33772 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br>10637 117th Drive | 3. Mailing Address<br>2232 Indian Rocks Rd. |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.                         |

|                           |                           |
|---------------------------|---------------------------|
| City & State<br>Largo, FL | City & State<br>Largo, FL |
| Zip<br>33773              | Zip<br>33774              |
| Country                   | Country                   |

40043219



02072007 Chg-P CR2E034 (12/06)

|   |  |
|---|--|
| 4. FEI Number<br>20-5856666                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>LUCARELLI, ROBIN<br>2232 INDIAN ROCKS ROAD S<br>LARGO, FL 33774               |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>LUCARELLI, ROBIN<br>2232 INDIAN ROCKS ROAD S<br>LARGO, FL 33774 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VPD<br>LINDBERG, DONNA<br>2888 NORTH ROAD<br>CLEARWATER, FL 33760 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Robin Lucarelli 3/23/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #