

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000085949

FILED
Apr 28, 2009
Secretary of State

Entity Name: OLDE TYME PUBS, INCORPORATED

Current Principal Place of Business:

2053 TAMIAMI TRAIL SOUTH
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

2053 TAMIAMI TRAIL SOUTH
VENICE, FL 34293

New Mailing Address:

FEI Number: 26-0614459

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLLIVER, KELLY L
3679 PETUNIA TERRACE
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

OLLIVER, KELLY L
2053 S TAMIAMI TRAIL
VENICE, FL 34293 US

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.

SIGNATURE: KELLY OLLIVER

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLLIVER, JOHN P
Address: 1484 SEAFARER DR.
City-St-Zip: OSPREY, FL 34229

Title: VP () Delete
Name: OLLIVER, KELLY L
Address: 3679 PETUNIA TERRACE
City-St-Zip: NORTH PORT, FL 34286

Title: ST () Delete
Name: OLLIVER, KATHRYN L
Address: 1484 SEAFARER DR.
City-St-Zip: OSPREY, FL 34229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OLLIVER, KELLY L
Address: 2053 S TAMIAMI TRAIL
City-St-Zip: VENICE, FL 34293

Title: VP (X) Change () Addition
Name: OLLIVER, JOHN P
Address: 1484 SEAFARER DR.
City-St-Zip: OSPREY, FL 34229

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY OLLIVER

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date