# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 27, 2009**
**Secretary of State**

DOCUMENT# P08000041073

**Entity Name:** THE HIDE OUT BAR INC

**Current Principal Place of Business:**

1017 INDIANA AVE
ST CLOUD, FL 32769

**New Principal Place of Business:**

**Current Mailing Address:**

1017 INDIANA AVE
ST CLOUD, FL 32769

**New Mailing Address:**

**FEI Number: 26-2512495** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WARD, DONNA
1017 INDIANA AVE
ST CLOUD, FL 32769 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: WARD, DONNA
Address: 1017 INDIANA AVE
City-St-Zip: ST CLOUD, FL 32769

Title: VP (X) Delete
Name: DESJARLAIS, GERARD
Address: 11017 INDIANA AVE
City-St-Zip: ST CLOUD, FL 32769

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: DONNA WARD PRES 02/27/2009

Electronic Signature of Signing Officer or Director Date