

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000000029

1. Entity Name
NATIONAL ASSOCIATION OF BAR & TAVERN OWNERS,
INC.



Principal Place of Business Mailing Address
4519 N.E. 22ND ROAD P O BOX 11578
FT. LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33339 US

FILED
Mar 17, 2005 08:00 AM
Secretary of State



02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0377785 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JETT, BRENT W
4519 N.E. 22ND ROAD
FT. LAUDERDALE, FL 33308

**DO NOT WRITE
IN THIS SPACE**

3. 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME JETT, BRENT W
STREET ADDRESS 4519 N.E. 22ND RD
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE D
NAME JETT, RICHARD
STREET ADDRESS 4519 N.E. 22ND RD
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE VP
NAME JETT, DAVID
STREET ADDRESS 4519 NE 22 ROAD
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE VP
NAME JOHNSON, DUDLEY E
STREET ADDRESS 4519 NE 22 ROAD
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11000000267094
03/17/05-80057-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

BRENT W JETT

Date

2/8/05

Daytime Phone #

954-478-2654