

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90358 030 \*\*\*150.00

**DOCUMENT # P92000000029**

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



Principal Place of Business  
**4519 N.E. 22ND ROAD  
FT. LAUDERDALE, FL 33308**

Mailing Address  
**P O BOX 11578  
FT. LAUDERDALE, FL 33339 US**



02082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0377785</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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**

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, 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
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	

**DO NOT WRITE  
IN THIS SPACE**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JETT BRENT W**

Date

**02/15/06**

Daytime Phone #

**305-772-9572**