

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90287 033 ***150.00

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1. Entity Name
BARSTOOL CITY, INC

Principal Place of Business
821 GOOD HOMES ROAD
ORLANDO, FL 32818

Mailing Address
821 GOOD HOMES ROAD
ORLANDO, FL 32818

14011818



2. Principal Place of Business
2671 RUNNING SPRINGS LOOP
Suite, Apt. #, etc.

3. Mailing Address
2671 RUNNING SPRINGS
Suite, Apt. #, etc.
LOOP

04222004 Chg-P CR2E034 (10/03)

City & State
OVIEDO, FL
Zip
32765 Country

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OVIEDO, FL
Zip
32765 Country

4. FEI Number
65-0420571 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PASCUZZO, ALBERT L
2671 RUNNING SPRINGS LOOP
OVIEDO, FL 32765

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! - FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5:00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
PASCUZZO, ALBERT L
2671 RUNNING SPRINGS LOOP
OVIEDO, FL 32765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
PASCUZZO, MELISSA
2671 RUNNING SPRINGS LOOP
OVIEDO, FL 32765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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: AL PASCUZZO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04 365-4447
Date Daytime Phone #