

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 15, 2004 8:00 am
Secretary of State

06-15-2004 90002 015 ***150.00

DOCUMENT # P04000032060

1. Entity Name

THE OULD DUBLIN, INC.



Principal Place of Business

2600 FIRST STREET NORTH
ST PETERSBURG FL 33704

Mailing Address

2600 FIRST STREET NORTH
ST PETERSBURG FL 33704

54057486



MOORE

CR2E034 (4/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3239259

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMSON, DAVID D
4108 BUENA VISTA DR SO
ELLENTON FL 34222

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
THOMSON, DAVID D
2600 FIRST ST N
ST PETERSBURG FL 33704 ☐ Delete

TITLE
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☐ 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 *David D Thomson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-04 727-698-4986
Date Daytime Phone #

To: Secretary of State
From: David Thomson

6-8-04 54057486
Attachment
Doc. # P94000032060

I did not receive notice of Renewal
for my Corporation renewal of Annual Report.
After making a phone call requesting a renewal
form, one was then mailed. I am submitting
my form with the \$150⁰⁰ fee.

