

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90067 023 ***150.00

DOCUMENT # P95000074840

1. Entity Name
DAVE & BUSTERS OF FLORIDA, INC.



Principal Place of Business
**3000 OAKWOOD BLVD.
HOLLYWOOD, FL 33020 US**

Mailing Address
**C/O LEGAL DEPT.
2481 MANANA DRIVE
DALLAS, TX 75220 US**

24002378



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2223494

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**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, 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	PD
NAME	CORRIVEAU, DAVID O
STREET ADDRESS	15 MILFORD PLACE
CITY-ST-ZIP	DALLAS, TX 75230
TITLE	VPT
NAME	HAMMETT, WILLIAM C JR
STREET ADDRESS	5725 MARTIN ROAD #4268
CITY-ST-ZIP	PLANO, TX 75024
TITLE	SVP
NAME	DAVIS, JOHN S
STREET ADDRESS	2704 WESTMINSTER DRIVE
CITY-ST-ZIP	DALLAS, TX 75205
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 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

11/6/04

Date

214-357-9588

Daytime Phone #