


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000045489
 1. Entity Name
 HOLLYWOOD CONCESSIONS, INC.



Principal Place of Business Mailing Address
 831 N. FEDERAL HWY. 831 N. FEDERAL HWY.
 HALLANDALE, FL 33009 HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0678606 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 ADKINS, DANIEL K
 831 N. FEDERAL HWY.
 HALLANDALE, FL 33009

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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 _____ (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 Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARTMAN, BERNARD 1251 S.E. 7TH AVE., BLDG. 3, #108 DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TYNER, HERBERT 997 S. OCEAN BLVD. DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M ADKINS, DANIEL K 831 N FEDERAL HWY HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 01/21/05-80052-021 150.00

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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: _____ **1-15-05** **954-924-3200**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #