

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000068596

1. Entity Name
HOLLYWOOD AMUSMENT CENTER INC.



Principal Place of Business
420 SOUTH STATE ROAD #7
HOLLYWOOD, FL 33023

Mailing Address
420 SOUTH STATE ROAD #7
HOLLYWOOD, FL 33023



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0709505

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FONTAINE, GALE
3440 NE 11 TERRACE
POMPANO BEACH, FL 33062

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, 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	P
NAME	FONTAINE, GALE
STREET ADDRESS	3440 NE 11 TERRACE
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	VP
NAME	FONTAINE, JOHN
STREET ADDRESS	3440 NE 11 TERRACE
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	D
NAME	RODE, MARTHA
STREET ADDRESS	4812 MCKINLEY ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gale Fontaine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-05 954-962-82