008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000073929

1. Entity Name

A.N.W. SPORTS BAR & GRILLE, INC.



FILED Feb 25, 2008 08:00 AM Secretary of State

Principal Place of Business

4669 CORTEZ RD W BRADENTON, FL 34210 Mailing Address

4669 CORTEZ RD W BRADENTON, FL 34210



01092008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0691647 Applied For Not Applicable

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5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VOSS, ANGELA K 4669 CORTEZ RD W BRADENTON, FL 34210

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	named entity submits this statement for the ρ ions of registered agent.	urpose of changing its registe	ered office or re	egistered agent, or b	oth, in the State of Florida. I am familiar with, and	accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title If	applicable (NOTE Registe	red Agent signature	required when reinstating)	DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST VOSS, ANGELA K 4850 50TH STREET W., #2004 BRADENTON, FL 34210				•	•	
TITLE NAME STREET ADDRESS CITY-SI-ZIP					U00000837581 03/04/08-80063-015 150.00		
TITLE NAME STREET ADDRESS CITY+ST-ZIP			,	DO	NOT WRITE	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE		
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TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

CITY-ST-ZIP

MORATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08 941-812-7697.