


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000089041	
1. Entity Name BILLIARD FACTORY OF FLORIDA, INC.	

Principal Place of Business 5585 UNIVERSITY BLVD. W. JACKSONVILLE, FL 32217	Mailing Address 5585 UNIVERSITY BLVD. W. JACKSONVILLE, FL 32217
---	---

DO NOT WRITE IN THIS SPACE



04172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3419393	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STICK, LARRY G 5585 UNIVERSITY BLVD W JACKSONVILLE, FL 32217	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 Larry G. Stick LARRY G. STICK President 4/17/04
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STICK, LARRY G 5585 UNIVERSITY BLVD. W. JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STICK, CONNIE L 5585 UNIVERSITY BLVD. W. JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHEPARD, DONALD 18 STARLIGHT FARM RD PHOENIX, AZ 21131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPARD, ROSEMARY 18 STARLIGHT FARM RD PHOENIX, AZ 21131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000121401
04/20/04-80050-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, warrant or other like empowered.

SIGNATURE: Larry G. Stick LARRY G. STICK 4/17/04 904-733-6820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**