

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**APR 21 2008 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 32216**

Mailing Address

**5585 UNIVERSITY BLVD. W.  
JACKSONVILLE, FL 32216**



03172008

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3419393**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**STICK, LARRY G  
5585 UNIVERSITY BLVD W  
JACKSONVILLE, FL 32216**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000912088

05/07/08-20066-009 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
STICK, LARRY G  
5585 UNIVERSITY BLVD. W.  
JACKSONVILLE, FL 32216**

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

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/08**

Date

**904 733 680**

Daytime Phone #