

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90016 032 \*\*\*150.00

**DOCUMENT # P97000057596**

1. Entity Name

**DONNA'S ALACHUA SPORTS PUB INC.**



Principal Place of Business

**14003 NW 150TH AVE  
ALACHUA FL 32615**

Mailing Address

**P.O. BOX 90  
HIGH SPRINGS FL 32655**

2. Principal Place of Business

3. Mailing Address

**DONNA BRATTEN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**21404 NW 205TH ST**

City & State

City & State

**HIGH SPRINGS**

Zip

Country

Zip

Country

**32643**

**ALACHUA**

4. FEI Number

**59-3458756**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRATTEN, DONNA  
21411 NW 209TH TERR  
HIGH SPRINGS FL 32643**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **BRATTEN, DONNA**  
STREET ADDRESS **21404 NW 205TH STREET**  
CITY-ST-ZIP **HIGH SPRINGS FL 32643**

TITLE ☐ Delete

NAME **BRATTEN, DONNA**  
STREET ADDRESS **21404 NW 205TH STREET**  
CITY-ST-ZIP **HIGH SPRINGS FL 32643**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

**DONNA BRATTEN DONNA BRATTEN 2-7-04 462-5333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #