


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90049 042 ***150.00

DOCUMENT # P97000057596			
1. Entity Name DONNA'S ALACHUA SPORTS PUB INC.			
Principal Place of Business 14003 NW 150TH AVE ALACHUA FL 32615 <i>14003 NW 150TH AVE</i>		Mailing Address DONNA BRATTEN 21404 NW 205TH ST HIGH SPRINGS FL 32643	
2. Principal Place of Business		3. Mailing Address <i>21404 NW 205 ST</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>ALACHUA FL</i>		City & State <i>HIGH SPRINGS FL</i>	
Zip <i>32615</i>	Country <i>ALACHUA</i>	Zip <i>32643</i>	Country <i>ALACHUA</i>



1st MOORE CR2E034 (10/04)

4. FEI Number 59-3458756		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 *Donna Bratten*

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BRATTEN, DONNA 21404 NW 205TH STREET HIGH SPRINGS FL 32643 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCD BRATTEN, DONNA 21404 NW 205TH STREET HIGH SPRINGS FL 32643 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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* 1-24-05 386 454 8411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #