


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr. 27, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P97000068836 1. Entity Name PLAYOFF SPORTS CAFE, INC. |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 1100 9TH ST. NORTH NAPLES, FL 34102 | Mailing Address 1000 MARKET STREET BUILDING ONE PORTSMOUTH, NH 03801 |
|---|---|



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-3608605 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRITCHFIELD, RICHARD H
1100 LINTON BOULEVARD
SUITE C-4
DELRAY BEACH, FL 33444

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------------|
| TITLE | DP |
| NAME | WALSH, MICHAEL P |
| STREET ADDRESS | 1001 E ATLANTIC AVE. |
| CITY-ST-ZIP | DELRAY BEACH, FL 33483 |
| TITLE | DV |
| NAME | WALSH, MARK T |
| STREET ADDRESS | 1001 E ATLANTIC AVE. |
| CITY-ST-ZIP | DELRAY BEACH, FL 33483 |
| TITLE | EV |
| NAME | ADE, RICHARD C |
| STREET ADDRESS | 1000 MARKET STREET, BUILDING ONE |
| CITY-ST-ZIP | PORTSMOUTH, NH 03801 |
| TITLE | S |
| NAME | CRITCHFIELD, RICHARD H |
| STREET ADDRESS | 1001 E ATLANTIC AVE. |
| CITY-ST-ZIP | DELRAY BEACH, FL 33483 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

000000335384
04/27/05-80081-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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 persons empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard ADE

Date

1/10/05

Daytime Phone #

(603) 559-2100