

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 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**



01212008 No Chg-P CR2E034 (11/05)

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, 2008 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	

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05/08/08-90066-023 150.00

**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:

RICHARD C. ADE

EXECUTIVE VICE PRESIDENT

Date

Daytime Phone #