

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 09, 2004 08:00 AM  
Secretary of State

DOCUMENT # P97000077743

1. Entity Name

4TH STREET PUB, INC.



Principal Place of Business

5415 4TH ST., N.  
ST. PETERSBURG FL 33703

Mailing Address

5415 4TH ST., N.  
ST. PETERSBURG FL 33703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3467832

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

HERSEM, THOMAS G  
1421 CT. ST., STE. B  
CLEARWATER FL 34616

7. Name and Address of New Registered Agent

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

*Michael McKenna*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-04

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

DS

☐ Delete

NAME

MCKENNA, MIKE

STREET ADDRESS

5415 4TH ST., N.

CITY - ST - ZIP

ST. PETERSBURG FL 33703

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ Delete

NAME

STREET ADDRESS

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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

U000000044127  
02/11/04-80007-017 150.00

TITLE

☐ Change

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NAME

STREET ADDRESS

CITY - ST - ZIP

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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:

*Michael McKenna*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-05-04