


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90072 044 \*\*\*150.00

DOCUMENT # P97000078733	
1. Entity Name DAVE'S DOWNTOWN BAR, INC.	

Principal Place of Business 1819 WILEY ST HOLLYWOOD, FL 33020 US	Mailing Address 1530N LAKE MIRROR DR NW WINTER HAVEN, FL 33881 US
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40014355

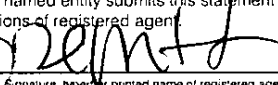


2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1819 Wiley St. Suite, Apt. #, etc.
City & State	City & State Hollywood FL
Zip 33020	Country

01272005 Chg-P CR2E034 (10/03)

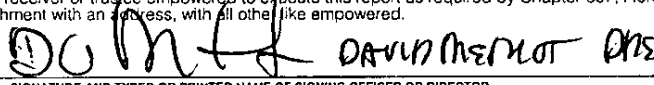
4. FEI Number 65-0812621	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent METHOT, LORI 1530N LAKE MIRROR DR NW WINTER HAVEN, FL 33881	7. Name and Address of New Registered Agent Name Methot, Lori Street Address (P.O. Box Number is Not Acceptable) 2007 S. Lake Cannon Dr. NW City Winter Haven FL Zip Code 33881
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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  DAVID METHOT, PRES	DATE 1/28/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P METHOT, DAVID 1530N LAKE MIRROR DR NW WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Methot, David 2007 S. Lake Cannon Dr. NW Winter Haven FL 33881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S METHOT, LORI A 1530 N LAKE MIRROR DR NW WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Methot, Lori A 2007 S. Lake Cannon Dr. NW Winter Haven FL 33881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DAVID METHOT, PRES	DATE 1/28/05