

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000089596

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** THREE CORNERS BAR ENTERPRISES, INC.

**Current Principal Place of Business:**

P O BOX 912  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

8607 US HWY 301 S  
RIVERVIEW, FL 33569

**Current Mailing Address:**

P O BOX 912  
RIVERVIEW, FL 33569

**New Mailing Address:**

**FEI Number:** 59-3475528      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PICKARD, DANIEL  
8607 US HWY 301 S  
RIVERVIEW, FL 33569      US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD      ( ) Delete  
**Name:** PICKARD, DANIEL  
**Address:** P O BOX 912 N/A  
**City-St-Zip:** RIVERVIEW, FL 33569

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PD      (X) Change ( ) Addition  
**Name:** PICKARD, DANIEL  
**Address:** P O BOX 912  
**City-St-Zip:** RIVERVIEW, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** DANIEL PICKARD

PRES

04/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date