

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 01, 2004 8:00 am**  
**Secretary of State**

07-01-2004 90001 029 \*\*\*150.00

**DOCUMENT # P98000071336**

1. Entity Name  
**WATERSIDE SPORTS BAR & GRILL INC.**



Principal Place of Business  
**200 MADONNA BLVD  
TIERRA VERDE, FL 33715**

Mailing Address  
**200 MADONNA BLVD  
TIERRA VERDE, FL 33715**

**54059422**



2. Principal Place of Business  
**1120 Pinellas Bayway**  
Suite, Apt. #, etc.  
**# 100**

3. Mailing Address  
**1120 Pinellas Bayway**  
Suite, Apt. #, etc.  
**100**

06212004 Chg-P CR2E034 (10/03)

City & State  
**TIERRA VERDE FL**

City & State  
**TIERRA VERDE FL**

4. FEI Number  
**59-3526501**

Zip  
**33715**

Country  
**US**

Zip  
**33715**

Country  
**US**

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

**6. Name and Address of Current Registered Agent**

**NETSCHI, VICTOR  
124 8TH STREET EAST  
TIERRA VERDE, FL 33715**

**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

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  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
NETSCHI, REBECCA A  
124 8TH ST E  
TIERRA VERDE, FL 33715** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: **Rebecca A Netschi** **REBECCA A NETSCHI** **6-21-04** **727 866 8015**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #