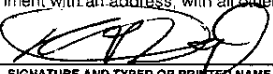


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90198 037 ***150.00

DOCUMENT # P98000091036					
1. Entity Name DOYLEPUBS, INC.					
Principal Place of Business 145 E. MARION AVE. PUNTA GORDA, FL 33950			Mailing Address 145 E. MARION AVE. PUNTA GORDA, FL 33950		
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 65-0878827					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent DOYLE, KEVIN 145 E. MARION AVENUE PUNTA GORDA, FL 33950			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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME DOYLE, KEVIN		☐ Delete		
STREET ADDRESS 145 E. MARION AVE.	CITY - ST - ZIP PUNTA GORDA, FL 33950		TITLE P/T/S		
NAME	STREET ADDRESS		☐ Change ☒ Addition		
CITY - ST - ZIP	CITY - ST - ZIP		☐ Change ☐ Addition		
TITLE	NAME		☐ Change ☐ Addition		
STREET ADDRESS	STREET ADDRESS		☐ Change ☐ Addition		
CITY - ST - ZIP	CITY - ST - ZIP		☐ Change ☐ Addition		
TITLE	NAME		☐ Change ☐ Addition		
STREET ADDRESS	STREET ADDRESS		☐ Change ☐ Addition		
CITY - ST - ZIP	CITY - ST - ZIP		☐ Change ☐ Addition		
TITLE	NAME		☐ Change ☐ Addition		
STREET ADDRESS	STREET ADDRESS		☐ Change ☐ Addition		
CITY - ST - ZIP	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: 			Kevin P Doyle Pres		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Daytime Phone #			941-505-9219		