

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 29, 2005 8:00 am**  
**Secretary of State**

07-29-2005 90012 018 \*\*\*150.00

**DOCUMENT # P99000003252**

1. Entity Name  
**HALLANDALE LANES, INC.**



Principal Place of Business  
**106 E. PEMBROKE ROAD  
HALLANDALE BEACH, FL 33009 US**

Mailing Address  
**106 E. PEMBROKE ROAD  
HALLANDALE BEACH, FL 33009 US**

**50058483**



07112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0894237**

Applied For  
Not Applicable

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

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

**MARSA, ALAN J  
12878 KEYLIME BLVD.  
WEST PALM BEACH, FL 33412**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MARSA, JON
STREET ADDRESS	223 E. CONCORD ST.
CITY - ST - ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Jon Marsa **JON MARSA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-05 407-252-5791  
Date Daytime Phone #

ATTACHMENT

ST058483

TO: Dept. of State. #P9900003252 7-26-05  
FR: ACAN MARSA, Hollandale Comd inc  
RE: Annual Report Fee.

To whom FT may concern.

Please Accept this payment AS  
THIS IS THE ONLY NOTICE WE RECEIVED  
REGARDING THIS ANNUAL FEE.

AS WE ARE A SMALL, STRUGGLING  
BUSINESS IT WOULD BE A HARDSHIP FOR US  
TO PAY THE PENALTY AMOUNT AT THIS TIME.

Thank you -

Clay Marra

561-908-0263