

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

07-29-2005 90012 005 \*\*\*150.00

**DOCUMENT # P99000003257**

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



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

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

**50058496**



07112005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0894238**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

**MARSA, ALAN J V.P.  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	V
NAME	MARSA, ALAN J
STREET ADDRESS	12878 KEYLIME BLVD
CITY - ST - ZIP	WEST PALM BEACH, FL 33412
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:** Alan J. Marsa ALAN J. MARSA 7-26-05 561-909-0263  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 50058496

TO: DEPT of STATE

#P99000003257 7-20-05

FR: ALAN MARSA, Hallandale Cones inst. inc.

RE: Annual report fee.

TO whom it may concern,

Please accept this payment for our annual report AS this is the only notice we received. AS we are a small, struggling family run business IT would be a hardship for us to pay a penalty at this time.

I request Abatement of Penalties for the above mentioned reasons.

Thank you -

Alan J. Marsa  
561-909-0263