


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90530 039 \*\*\*150.00

<b>DOCUMENT # P99000011524</b>	
1. Entity Name <b>STARBUCK'S BILLIARDS, INC.</b>	

Principal Place of Business <b>8200 W. HWY. 98, SUITE A PENSACOLA FL 32506</b>	Mailing Address <b>8200 W. HWY. 98, SUITE A PENSACOLA FL 32506</b>
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2. Principal Place of Business <b>22 PALAFOX PL</b> Suite, Apt. #, etc.	3. Mailing Address <b>6903 W. FAIRFIELD DR.</b> Suite, Apt. #, etc.
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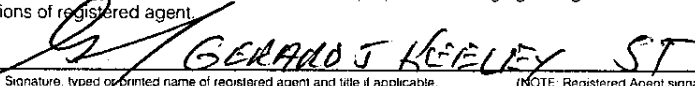
MOORE CR2E034 (11/03)

City & State <b>PENSACOLA FL</b>	City & State <b>PENSACOLA FL</b>
Zip <b>32501</b>	Country <b>ESCAMPIA</b>
Zip <b>32506</b>	Country <b>ESCAMPIA</b>

4. FEI Number <b>59-3555718</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>KEELEY, GERARD J 8200 W. HWY. 98, SUITE A PENSACOLA FL 32506</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>6903 W. FAIRFIELD DR.</b> City <b>PENSACOLA</b> FL Zip Code <b>32506</b>	

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.	DATE <b>4/23/04</b> (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>STARBUCK, MICHAEL</b> <b>22 S PALAFOX PL</b> <b>PENSACOLA FL 32501</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KLEIN, ROBERT</b> <b>22 S PALAFOX PL</b> <b>PENSACOLA FL 32501</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>KEELEY, GERALD J</b> <b>8200 W HWY 98 STE A</b> <b>PENSACOLA FL 32506</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>UP</b> <b>SANDRA STARBUCK</b> <b>22 S PALAFOX PL</b> <b>PENSACOLA FL 32501</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>4/23/04</b>	Daytime Phone # <b>888 457 1312</b>
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