

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 14, 2006 8:00 am**  
**Secretary of State**

09-14-2006 90002 001 \*\*\*150.00

<b>DOCUMENT # P99000023286</b>					
<b>1. Entity Name</b> POOLIES BILLIARDS INC.					
<b>Principal Place of Business</b> 1851 PALM BAY RD 6 & 7 PALM BAY, FL 32905			<b>Mailing Address</b> 4610 LAKE WATERFORD WAY UNIT 4 MELBOURNE, FL 32901		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> PO Box 60565			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Palm Bay, Florida		<b>4. FEI Number</b> 59-3564584	
Zip		Country		Applied For Not Applicable	
Zip 32906		Country U.S.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BOHNE, KARL W JR 780 APOLLO BLVD. SUITE 107 MELBOURNE, FL 32901			<b>7. Name and Address of New Registered Agent</b> Name Karl W. Bohne, Jr., Esq. Street Address (P.O. Box Number is Not Acceptable) 1311 Bedford Dr., Suite 1 City Melbourne, FL Zip Code 32940		
<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.</b> SIGNATURE:  DATE: 9/7/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 15, 2006</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MELANSON, MARK 4610 LAKE WATERFORD WAY, UNIT 4 MELBOURNE, FL 32901		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Vincent Mack 1370 Mariposa Dr., N.E. Palm Bay, FL 32905	
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	
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	
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	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b>			9/12/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

# ATTACHMENT

#60039000

## SCHILLINGER & COLEMAN, P.A.

ATTORNEYS AT LAW

1311 BEDFORD DRIVE  
MELBOURNE, FLORIDA 32940

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Karl W. Bohne, Jr.  
Christopher J. Coleman  
Charles A. Schillinger

Kimberly E. Brautigam  
Richard W. Richl

September 12, 2006

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: *Poolies Billards, Inc. (Poolies)*  
*Document Number: P99000023286*

Dear Sir/Madam:

The undersigned represents Poolies as it relates to its situation with failure to file their Annual Business Report with your office. According to the corporate officer, they did not receive their 2006 annual renewal. I enclose herewith a check from our firm for the annual fee of \$150.00 and would respectfully request your office consider waiving the penalty for this corporation. Clearly the corporation failed to timely file the Uniform Business Report for 2006.

Should your office require the late fee and not be in a position to reinstate the above-referenced corporation, please so advise me so that I may advise my client of its options. I thank you for your attention to this matter.

Sincerely,



Karl W. Bohne, Jr.

KWB/mhp  
Enc.  
cc: client