

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 11, 2005 08:00 AM  
Secretary of State

DOCUMENT # P99000086316

1. Entity Name

SIX TABLES, INC.



Principal Place of Business

1153 MAIN ST., #104  
DUNEDIN FL 34698

Mailing Address

19201 VISTA LANE, STE. B7  
INDIAN SHORES FL 33785



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-3496912

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVI, ROLAND  
19201 VISTA LANE, #B7  
INDIAN SHORES FL 33785

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
DS  
LEVI, GAIL  
19201 VISTA LANE, STE. B7  
INDIAN SHORES FL 33785 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Add  
U00000289712  
04/11/05-80119-016 158.75

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PD  
LEVI, ROLAND  
19201 VISTA LANE, STE. B7  
INDIAN SHORES FL 33785 ☐ Delete

TITLE  
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/2005 7277364821  
Date Daytime Phone #