## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 03, 2008 8:00 am Secretary of State **DOCUMENT # S60088** 03-03-2008 90207 048 \*\*\*150.00 BROADWAY BAR, INC. Principal Place of Business Mailing Address 1605 MAIN ST. 1605 MAIN ST. S-912 S-912 SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business - No P.O. Box # 3. Mailing Address PO Box Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 02262008 Cha-P Applied For 4. FEI Number City & State City & State <u>Sorosoco</u> 65-0272456 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required <u>James ta</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAUSMANN, CAROLYN H Street Address (P.O. Box Number is Not Acceptable) 5902 TIDEWOOD AVE SARASOTA, FL 34231 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 egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITt F ☐ Delete TITLE HAUSMANN, CAROLYN H. NAME 5902 TIDEWOOD AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP □ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

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