

2006 Corporation Annual Report

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY -4 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 583223

1. Corporation Name

Breakers Billiards Inc.

2. Principal Office Address

Suite, Apt. #, etc.

2987 Alafaya Tr.

City & State

Oviedo FL

Zip

32765

Country

Seminole

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

10-9-91

5. FEI Number

593086474

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

06

7. Name and Address of Current Registered Agent

Name

Drew PHILIP PARKER

Street Address (P.O. Box Number is Not Acceptable)

2987 Alafaya Trail

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32765

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Drew P. Parker, Pres.

Date 4-28-06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	DREW P. PARKER	7537 Brightwater Oviedo	Oviedo, FL 32765
V.P.	DORI A. PARKER	100 E. King St.	Orlando 32804
Treas	Dean J. Parker	2011/2 So. Sherbourne	Los Angeles CA 90034
Sec'y	VIVIAN C. PARKER	3549 Scout oak Loop	Oviedo FL 32765

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Vivian C Parker, Sec'y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06 407625-5110

Date

Daytime Phone #