


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # V10403

1. Entity Name
 THE PUB TAVERN, INC.



Principal Place of Business
 14 N.W. 5TH STREET
 OCALA, FL 34475

Mailing Address
 14 N.W. 5TH STREET
 OCALA, FL 34475



03102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3106766

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RICH, JAMES E.
 14 N.W. 5TH STREET
 OCALA, FL 32670

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RICH, JAMES E.
STREET ADDRESS	14 N.W. 5TH STREET
CITY-ST-ZIP	OCALA, FL 34475
TITLE	PRES
NAME	RICH, JAMES E
STREET ADDRESS	14 NW 5TH STREET
CITY-ST-ZIP	OCALA, FL 34475
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000341899
 04/29/05-80033-013 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: James E. Rich JAMES E. RICH
 RESIDENT 4-25-2005 3526292506
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #