

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90167 003 ***150.00

DOCUMENT # V10403
 1. Entity Name
THE PUB TAVERN, INC.



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



2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State
 Zip Country Zip Country

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

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | RICH, JAMES E. | |
| STREET ADDRESS | 14 N.W. 5TH STREET | |
| CITY-ST-ZIP | OCALA FL 34475 | |
| TITLE | PRES | <input type="checkbox"/> Delete |
| NAME | RICH, JAMES E | |
| STREET ADDRESS | 14 NW 5TH STREET | → SAME |
| CITY-ST-ZIP | OCALA FL 34475 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DALY, KARENA | |
| STREET ADDRESS | 121 NW 76TH TERRACE | |
| CITY-ST-ZIP | OCALA, FL 34482 | |
| TITLE | PRES | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICH, JAMES E | |
| STREET ADDRESS | 14 NW 5TH ST | |
| CITY-ST-ZIP | OCALA, FL 34475 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *James E. Rich* (352) 291-0250
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #