

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # V54569

1. Entity Name
SIDELINES SPORTS BAR AND RESTAURANT, INC.



Principal Place of Business
**#2 VIADE LUNA
PENSACOLA BEACH, FL 32561 US**

Mailing Address
**P.O. BOX 1373
GULF BREEZE, FL 32562-1373**

DO NOT WRITE IN THIS SPACE



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3129688

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**AMBERSON, S & AMBERSON K J
2 VIA DE LUNA DR.
PENSACOLA BEACH, FL 32561**

**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

[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	AMBERSON, SCOTT J.
STREET ADDRESS	203 SABINE DR.
CITY-ST-ZIP	PENSACOLA BEACH, FL
TITLE	D
NAME	AMBERSON, KRISTIN
STREET ADDRESS	203 SABINE DR.
CITY-ST-ZIP	PENSACOLA BEACH, FL
TITLE	D
NAME	AMBERSON, JAMES J.
STREET ADDRESS	3635 TIGER POINT BLVD
CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/04/05-80055-021 150.00

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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)(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 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/05

Date

850-232-8320

Daytime Phone #