

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 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



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when substituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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

000000822362  
02/19/08-80064-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE AND PHONE #