

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V54569

FILED  
Jan 07, 2011  
Secretary of State

**Entity Name:** SIDELINES SPORTS BAR AND RESTAURANT, INC.

**Current Principal Place of Business:**

#2 VIADE LUNA  
PENSACOLA BEACH, FL 32561 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1373  
GULF BREEZE, FL 32562 US

**New Mailing Address:**

**FEI Number:** 59-3129688

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMBERSON, S & AMBERSON K J  
203 SABINE DR  
PENSACOLA BEACH, FL 32561 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** AMBERSON, SCOTT J.  
**Address:** 203 SABINE DR.  
**City-St-Zip:** PENSACOLA BEACH, FL

**Title:** D  
**Name:** AMBERSON, KRISTIN  
**Address:** 203 SABINE DR.  
**City-St-Zip:** PENSACOLA BEACH, FL

**Title:** D  
**Name:** AMBERSON, JAMES J.  
**Address:** 3635 TIGER POINT BLVD  
**City-St-Zip:** GULF BREEZE, FL 32561

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** KRISTIN AMBERSON

S/T

01/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date