2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 8:00 am
Secretary of State
03-04-2004 90009 004 ***150.00

94024547

DOCUMENT # V55514

1. Entity Name
SIDE-POCKET BILLIARDS INC.

Principal Place of Business	Mailing Address
7570 STARKEY RD LARGO, FL 33777 US	~~9666 LEEWARD AVE~~ ~~LARGO, FL 33773 US~~

02052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address 1699 23 Ave N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State St. Petersburg, FL
Zip / Country	Zip 33713 Country Pinellas

4. FEI Number 59-3141305 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FESSENDEN, THOMAS H
9666 LEEWARD AVE
LARGO, FL 34643

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 1699 23 Ave N.
City St Petersburg FL Zip Code 33713

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 Thomas H Fessenden Thomas H. Fessenden - owner 2-23-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT FESSENDEN, THOMAS H 9666 LEEWARD AVE LARGO, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1699 23 Ave N. St. Petersburg FL 33713
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS FESSENDEN, MARY F 9666 LEEWARD AVE LARGO, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1699 23 Ave N. St. Petersburg, FL 33713
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 like empowered.

SIGNATURE: Thomas H Fessenden, Thomas H. Fessenden 2/23/04 owner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #