


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # K02324  
 1. Entity Name  
 DOC'S BEACH HOUSE RESTAURANT, INC.



Principal Place of Business 27908 HICKORY BLVD. BONITA SPRINGS, FL 33923	Mailing Address 27908 HICKORY BLVD. BONITA SPRINGS, FL 33923
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**DO NOT WRITE IN THIS SPACE**



01112004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0027761	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PLANT, INA  
 27300 PATRICK ST  
 BONITA SPRINGS, FL 34135

**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 *Ina Plant* DATE *1/11/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CIBULA, GEORGE 703 FOSTER AVENUE BENSONVILLE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CIBULA, PATRICK 346 ASHLAND RIVER FOREST, IL
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 01/15/04-R00005-012 150.00

**DO NOT WRITE 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 like empowered.

SIGNATURE: *Patrick F. Cibula -VTD* DATE: *1/12/04* DAYTIME PHONE #: *239-992-6444*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK F. CIBULA