2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered

Mar 15, 2004 8:00 am Secretary of State DOCUMENT # L00255 1. Entity Name 03-15-2004 90043 032 ***150.00 LIGHTHOUSE GRILL, INC. Principal Place of Business Mailing Address 5 MARI LANE LAKEWOOD NY 14750 5 MARI LANE LAKEWOOD NY 14750 2. Principal Place of Business MOSHER ROAD Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number City & State Applied For 59-2957869 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SILVERS, CHARLES P. Street Address (P.O. Box Number is Not Acceptable) 25-50 STREET SOUTH SAINT PETERSBURG FL 33707 City 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition TITLE PΩ Delete TITLE Change GIACONE, PHIL NAME NAME 5 MARI LANE STREET ADDRESS STREET ADDRESS LAKEWOOD NY 14750 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE BARBER, CATHERINE G NAME NAME 15 WERNER AVENUE STREET ADDRESS STREET ADDRESS DELMAR NY 12054 CITY-ST-ZIP CITY-ST-7IP Delete Change - Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

Daytime Phone #