

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90211 012 \*\*\*150.00

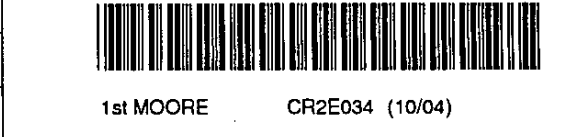


<b>DOCUMENT # L00255</b> 1. Entity Name <b>LIGHTHOUSE GRILL, INC.</b>	
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Principal Place of Business <b>5 MARI LANE LAKEWOOD NY 14750</b>	Mailing Address <b>115 MOSHER ROAD DELMAR NY 12054 US</b>
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2. Principal Place of Business <b>115 MOSHER RD</b> Suite, Apt. #, etc.	3. Mailing Address <b>115 MOSHER ROAD</b> Suite, Apt. #, etc.
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City & State <b>DELMAR, N.Y. 12054</b>	City & State <b>DELMAR N.Y.</b>	4. FEI Number <b>59-2957869</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>12054</b>	Country <b>ALBANY</b>	Zip <b>12054</b>	Country <b>ALBANY</b>



6. Name and Address of Current Registered Agent <b>SILVERS, CHARLES P. 25-50 STREET SOUTH SAINT PETERSBURG FL 33707</b>	7. Name and Address of New Registered Agent Name <b>DOUGLAS J. BURNS - PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2963 GULF TO BAY BLVD #120</b> City <b>CLEARWATER</b> <b>FL</b> Zip Code <b>33759</b>
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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 *Douglas J. Burns* **Douglas J. Burns** **2/23/05**  
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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE: <b>PD</b> <input type="checkbox"/> Delete NAME: <b>GIACONE, PHIL</b> STREET ADDRESS: <b>5 MARI LANE</b> CITY-ST-ZIP: <b>LAKEWOOD NY 14750</b>	
TITLE: <b>S</b> <input checked="" type="checkbox"/> Delete NAME: <b>BARBER, CATHERINE G</b> STREET ADDRESS: <b>15 WERNER AVENUE</b> CITY-ST-ZIP: <b>DELMAR NY 12054</b>	
TITLE: <b>---</b> <input type="checkbox"/> Delete NAME: <b>---</b> STREET ADDRESS: <b>---</b> CITY-ST-ZIP: <b>---</b>	
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TITLE: <b>---</b> <input type="checkbox"/> Delete NAME: <b>---</b> STREET ADDRESS: <b>---</b> CITY-ST-ZIP: <b>---</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>PHIL GIACONE</b> STREET ADDRESS: <b>115 MOSHER ROAD</b> CITY-ST-ZIP: <b>DELMAR, N.Y. 12054</b>	
TITLE: <b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: <b>MICHAEL J. GIACONE</b> STREET ADDRESS: <b>---</b> CITY-ST-ZIP: <b>---</b>	
TITLE: <b>---</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>---</b> STREET ADDRESS: <b>---</b> CITY-ST-ZIP: <b>---</b>	
TITLE: <b>---</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>---</b> STREET ADDRESS: <b>---</b> CITY-ST-ZIP: <b>---</b>	
TITLE: <b>---</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>---</b> STREET ADDRESS: <b>---</b> CITY-ST-ZIP: <b>---</b>	

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: *Phil Giacone Pres* **2-16-05** **518-439-1011**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #