


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90050 012 ***150.00

DOCUMENT # P01000063597

1. Entity Name
CLINTMOORE RESTAURANT, INC.



Principal Place of Business
**9045 LA FONTANA BLVD. SUITE B-1
BOCA RATON, FL 33434**

Mailing Address
**9045 LA FONTANA BLVD. SUITE B-1
BOCA RATON, FL 33434**

2. Principal Place of Business
2901 CLINTMOORE ROAD
Suite, Apt. #, etc. **BAY 3**

3. Mailing Address
4611 JOHNSON ROAD
Suite, Apt. #, etc. **#1**

City & State
Boca Raton

City & State
COCONUT CREEK, FL

Zip Country **USA**

Zip Country **33073 USA**



01192005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1115711

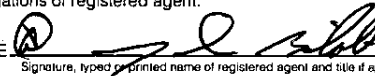
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BILOTTI, JOSEPH
9045 LA FONTANA BLVD. SUITE B-1
BOCA RATON, FL 33434

7. Name and Address of New Registered Agent
Name **BILOTTI, JOSEPH**
Street Address (P.O. Box Number is Not Acceptable)
4611 JOHNSON ROAD, #1
City **COCONUT CREEK** FL Zip Code **33073**

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  (NOTE: Registered Agent signature required when reinstating)

DATE **3-15-05**

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PSD BILOTTI, JOSEPH 4611 JOHNSON RD #1 COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  DATE **3-15-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #