


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000021745**

1. Entity Name  
**2ND GENERATION BAR AND GRILL, INC.**



Principal Place of Business      Mailing Address

**711 W. INDIANTOWN RD.  
 SUITE 5, 6, 7, 8  
 JUPITER FL 33458**

**711 W. INDIANTOWN RD.  
 SUITE 5, 6, 7, 8  
 JUPITER FL 33458**



1st MOORE      CR2E034 (10/04)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      **03-0434394**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLER, GENE  
 3450 N.E. LINDA DRIVE  
 JENSEN BEACH FL 34957**

7. Name and Address of New Registered Agent

Name

Street Address (P O Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_

**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		<input type="checkbox"/> Delete
TITLE	D	<input type="checkbox"/>
NAME	BARALEY, MARY R	
STREET ADDRESS	3450 N.E. LINDA DRIVE	
CITY- ST- ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/>
NAME	MILLER, GENE	
STREET ADDRESS	3450 N.E. LINDA DRIVE	
CITY- ST- ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/>
NAME	MILLER, MICHELE R	
STREET ADDRESS	3450 N.E. LINDA DRIVE	
CITY- ST- ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

**U00000353013**  
**05/03/05-80051-004 150.00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gene Miller*      **Gene Miller**      *4/30/05*      **561 747 0032**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #