

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164471

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: GREAT IRISH PUBS FLORIDA, INC.

**Current Principal Place of Business:**

1640 EAST BUENA VISTA DRIVE  
LAKE BUENA VISTA, FL 32830 US

**New Principal Place of Business:**

**Current Mailing Address:**

1302 ORANGE AVE  
WINTER PARK, FL 32789 US

**New Mailing Address:**

FEI Number: 83-0414942      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: COOKE, JOHN  
Address: 1640 EAST BUENA VISTA DRIVE  
City-St-Zip: LAKE BUENA VISTA, FL 32830 US

Title: DVPS ( ) Delete  
Name: NOLAN, PAUL  
Address: 11476 WILLOWS GARDEN DRIVE  
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete  
Name: BRADSHAW, LAR  
Address: 1640 EAST BUENA VISTA DRIVE  
City-St-Zip: LAKE BUENA VISTA, FL 32830 US

Title: D ( ) Delete  
Name: COX, MAURICE  
Address: 1640 EAST BUENA VISTA DRIVE  
City-St-Zip: LAKE BUENA VISTA, FL 32830 US

Title: D ( ) Delete  
Name: FITZPATRICK, SEAN  
Address: 1640 EAST BUENA VISTA DRIVE  
City-St-Zip: LAKE BUENA VISTA, FL 32830 US

Title: D ( ) Delete  
Name: OSBORNE, JAMES  
Address: 1640 EAST BUENA VISTA DRIVE  
City-St-Zip: LAKE BUENA VISTA, FL 32830 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN COOKE

DP

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date