

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000164471

FILED
Apr 26, 2011
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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN COOKE

DP

04/26/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date