

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90107 012 ***150.00

DOCUMENT # P95000068666	
1. Entity Name ANNA MARIA OYSTER BAR, INC.	

Principal Place of Business 6688 CORTEA RD W BRADENTON, FL 34210 US	Mailing Address 6688 CORTEA RD W SUITE 1B BRADENTON, FL 34210 US
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2. Principal Place of Business 6688 CORTEZ RD W	3. Mailing Address 6688 CORTEZ RD. W
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BRADENTON FL	City & State BRADENTON FL
Zip 34210	Zip 34210
Country	Country

01142004 Chg-P CR2E034 (10/03)

44005617



4. FEI Number 65-0616853		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CURTIS, CLINTON A 141 5TH STREET N.W. SUITE 300 WINTER HAVEN, FL 33881		
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, 2004 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	PD HORNE, JOHN C 8403 MARIA DRIVE HOLMES BEACH, FL 34217 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 9925 LAUREL VALLEY AVE CIR BRADENTON FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEAY, PHILIP 4320 SMOKY ROAD NEWNAN, GA 30263 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HORNE, LYNN D SR 5300 MURPHY RD BARTOW, FL 33830 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: John C Horne **JOHN C HORNE** 1/14/04 (941) 761-7797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #