

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000019157

Entity Name: MILLTOP TAVERN, INC.

FILED  
Apr 02, 2005  
Secretary of State

**Current Principal Place of Business:**

19 1/2 ST. GEORGE STREET  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

19 1/2 ST. GEORGE STREET  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: 59-3495776      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BECK, ARTHUR  
19 1/2 ST. GEORGE STREET  
ST AUGUSTINE, FL 32084      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: PD ( ) Delete  
Name: BECK, ARTHUR  
Address: 338 MARSHSIDE DRIVE NORTH  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: T ( ) Delete  
Name: GURLEY, JAMIE  
Address: 413 D. ST.  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: S ( ) Delete  
Name: MAZZETTI, NINA  
Address: 3 N TRIDENT PL  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: V ( ) Delete  
Name: CERVELLI, RONALD  
Address: 10067 CHESTER LAKE RD. E  
City-St-Zip: JACKSONVILLE, FL 32256

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NINA MAZZETTI

S

04/02/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date