

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000019157

Entity Name: MILLTOP TAVERN, INC.

FILED
Mar 09, 2007
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: 509 MISSION PARK LANE
City-St-Zip: ST AUGUSTINE, FL 32095

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: BECK, ARTHUR
Address: 338 MARSHSIDE DRIVE NORTH
City-St-Zip: ST AUGUSTINE, FL 32084

Title: PD (X) Change () Addition
Name: GURLEY, JAMIE
Address: 413 D. ST.
City-St-Zip: ST. AUGUSTINE, FL 32084

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

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

Title: COV () Change (X) Addition
Name: KEN, KALE
Address: 957 PINTA ROAD
City-St-Zip: ST AUGUSTINE, FL 32086

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

S

03/09/2007

Electronic Signature of Signing Officer or Director

_____ Date