2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# 238732

Entity Name: OYSTER BARS OF SARASOTA, INC.

Current Principal Place of Business:

7250 S TAMIAMI TRAIL
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

2151 WELLS AVE
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 59-0907667 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCMANUS, MICHAEL D
7250 S TAMIAMI TRAIL
SARASOTA, FL 34231 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:	SD	( ) Delete
Name:	MCMANUS, MICHAEL D.,	
Address:	7250 S TAMIAMI TRAIL	
City-St-Zip:	SARASOTA, FL	
Title:	VD	( ) Delete
Name:	EARL, PATRICIA	
Address:	1815 SOUTHWOOD ST	
City-St-Zip:	SARASOTA, FL 34231	
Title:	D	( ) Delete
Name:	BRIDGEFORD, JON	
Address:	713 S ORANGE AVE	
City-St-Zip:	SARASOTA, FL	
Title:	D	( ) Delete
Name:	SMITHERS, SUSAN	
Address:	4624 HIDDEN VIEW PL	
City-St-Zip:	SARASOTA, FL 34235	
Title:	PD	( ) Delete
Name:	SMITHERS, ROBERT	
Address:	2151 WELLS AVE	
City-St-Zip:	SARASOTA, FL 34232	
Title:	VTD	( ) Delete
Name:	EARL, PATRICIA	
Address:	1815 SOUTHWOOD ST	
City-St-Zip:	SARASOTA, FL 34231	

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: ROBERT SMITHERS VD 04/27/2008

Electronic Signature of Signing Officer or Director — Date