

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 238732

FILED
Apr 26, 2009
Secretary of State

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:

MCMANUS, MICHAEL D
1646 FLOYD ST.
SARASOTA, FL 34239 US

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:

04/26/2009

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: BRIDGEMAN, 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: SD (X) Change () Addition
Name: MCMANUS, MICHAEL D.
Address: 1646 FLOYD ST.
City-St-Zip: SARASOTA, FL 34239

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

PD

04/26/2009

Electronic Signature of Signing Officer or Director

Date