

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90072 001 \*\*\*400.00  
03-24-2004 90003 039 \*\*\*\*50.00

<b>DOCUMENT # 305455</b>	
<b>1. Entity Name</b> DOLPHIN BAR, INC.	

<b>Principal Place of Business</b> 65 SPANISH RIVER DR OCEAN RIDGE FL 33435	<b>Mailing Address</b> 65 SPANISH RIVER DR OCEAN RIDGE FL 33435
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<b>2. Principal Place of Business</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>

<b>6. Name and Address of Current Registered Agent</b>	
FRANCOIS, CHRISTIANE 65 SPANISH RIVER DR OCEAN RIDGE FL 33435	

34041414



MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 59-1140410	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>7. Name and Address of New Registered Agent</b>	
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 Christiane Francois DATE 2/28/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVT	TITLE	<del>PVT</del> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCOIS, GERMAINE	NAME	<del>FRANCOIS, GERMAINE</del>
STREET ADDRESS	115 S. FEDERAL HWY	STREET ADDRESS	<del>115 S. FEDERAL HWY</del>
CITY - ST - ZIP	BOYNTON BEACH FL	CITY - ST - ZIP	<del>BOYNTON BEACH FL</del>
TITLE	SD	TITLE	<del>SD</del> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCOIS, CHRISTIANE	NAME	<del>FRANCOIS, CHRISTIANE</del>
STREET ADDRESS	115 S. FEDERAL HWY	STREET ADDRESS	<del>115 S. FEDERAL HWY</del>
CITY - ST - ZIP	BOYNTON BEACH FL	CITY - ST - ZIP	<del>BOYNTON BEACH FL</del>
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCOIS, RICHARD	NAME	<del>FRANCOIS, RICHARD</del>
STREET ADDRESS	115 S. FEDERAL HWY	STREET ADDRESS	<del>115 S. FEDERAL HWY</del>
CITY - ST - ZIP	BOYNTON BEACH FL	CITY - ST - ZIP	<del>BOYNTON BEACH FL</del>
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTS, MARISA	NAME	<del>RITTS, MARISA</del>
STREET ADDRESS	655 SPANISH RIVER DRIVE	STREET ADDRESS	<del>655 SPANISH RIVER DRIVE</del>
CITY - ST - ZIP	BOYNTON BEACH FL 33435	CITY - ST - ZIP	<del>BOYNTON BEACH FL 33435</del>
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<del></del>
STREET ADDRESS		STREET ADDRESS	<del></del>
CITY - ST - ZIP		CITY - ST - ZIP	<del></del>
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<del></del>
STREET ADDRESS		STREET ADDRESS	<del></del>
CITY - ST - ZIP		CITY - ST - ZIP	<del></del>

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: Christiane Francois DATE 2/27/04 561 737-8836  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR