

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90096 001 ***450.00

ANNUAL REPORT (AR)

DOCUMENT # 305455

Entity Name

DOLPHIN BAR, INC.



Principal Place of Business

5 SPANISH RIVER DR
OCEAN RIDGE FL 33435

Mailing Address

65 SPANISH RIVER DR
OCEAN RIDGE FL 33435

66001000



1st MOORE CR2E034 (10/04)

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1140410		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FRANCOIS, CHRISTIANE
65 SPANISH RIVER DR
OCEAN RIDGE FL 33435

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVTS	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCOIS, CHRISTIANE	NAME	65 spanish River drive
STREET ADDRESS	115 S. FEDERAL HWY	STREET ADDRESS	Ocean Ridge, Fl. 33435
CITY - ST - ZIP	BOYNTON BEACH FL	CITY - ST - ZIP	
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCOIS, RICHARD	NAME	SAME
STREET ADDRESS	115 S. FEDERAL HWY	STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	CITY - ST - ZIP	
TITLE	D	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTS, MARISA	NAME	65 spanish River drive
STREET ADDRESS	65 SPANISH RIVER DRIVE	STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL 33435	CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone