

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90025 018 ***150.00

DOCUMENT # 373695

1. Entity Name

PATIO RESTAURANT OF VERO BEACH, INC.



Principal Place of Business

695 S US HWY #1
P O BOX 1208
VERO BCH FL 32961

Mailing Address

695 S US HWY #1
P O BOX 1208
VERO BCH FL 32961

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1308857**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EGAN III, J B
695 S US HWY #1
VERO BCH FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME TRIPSON, BARBARA S
STREET ADDRESS 5000 12TH STREET
CITY-ST-ZIP VERO BCH, FL 00000

TITLE D ☐ Change ☒ Addition
NAME Tripson, John Mark
STREET ADDRESS 5020 12th St
CITY-ST-ZIP Vero Beach, FL 32966

TITLE D ☐ Delete
NAME DALEY, JACQUELINE S
STREET ADDRESS 950 BROADWAY
CITY-ST-ZIP BELMONT, CA ~~00000~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 94002

TITLE PD ☐ Delete
NAME SEXTON, RALPH W
STREET ADDRESS RANCH RD
CITY-ST-ZIP VERO BCH, FL ~~00000~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32966

TITLE ST ☐ Delete
NAME EGAN, J B III
STREET ADDRESS 4631 9TH PL
CITY-ST-ZIP VERO BCH, FL ~~00000~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32966

TITLE VD ☐ Delete
NAME SEXTON, CHARLES R
STREET ADDRESS 4990 11TH LANE
CITY-ST-ZIP VERO BCH, FL ~~00000~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 32966

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 #

2-5-04

772-962-4301