


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 373695</b> 1. Entity Name <b>PATIO RESTAURANT OF VERO BEACH, INC.</b>	
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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
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1308857</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  EGAN III, J B 695 S US HWY #1 VERO BCH, FL
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IN THIS SPACE

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIPSON, JOHN M 5020 12TH ST VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALEY, JACQUELINE S 950 BROADWAY BELMONT, CA 94002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEXTON, RALPH W RANCH RD VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EGAN, J B III 4631 9TH PL VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEXTON, CHARLES R 4990 11TH LANE VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400000185766  
01/21/05-80028-023 150.00

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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.

<b>SIGNATURE:</b> 	1-18-05 Date	774-564-4304 Daytime Phone
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