## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 27, 2006 8:00 am Secretary of State

DOCUMENT # 3/3695  1. Entity Name PATIO RESTAURANT OF VERO BEACH, INC.						02-27-2006	=	7 ***150	0.00	
Principal Place of Business 695 S US HWY #1 P 0 B0X 1208 VERO BCH, FL 32961		Mailing Address 695 S US HWY #1 P O BOX 1208 VERO BCH, FL 32961							U	
2. Principal Place of Business		3. Mailing Address								
Suite. Apt. #, etc.		Suite, Apt. #, etc.			02222006	Chg-P	CR2E03	4 (11/05)		
City & State		City & State			4. FEI Numbe 59-1308				plied For t Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired		8.75 Add ee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
				Name						
EGAN III, J B 695 S US HWY #1 VERO BCH, FL			Street A	Street Address (P.O. Box Number is Not Acceptable)						
			City			****	FL	Zip Code	е	
The above named entitle the obligations of registers		the purpose of changing its	registered office or	r register	ed agent, or bot	th, in the State of Flo	orida. I am fa	ımiliar with,	and accept	
SIGNATURE	,	a love					-		·	
Signature, type	d or printed name of registered agent a	and title it applicable. (NOTE	: Registered Agent signat	nte lednited	when reinstating)		DATE			
After May 1, 2006 Fee will be \$550:00~										
FILE NOW!!! After May 1, 200	FEE IS \$150.00 06 Fee will be \$550:0	9. Election Campai			00 May Be ed to Fees			٠٠ جـمـــ		
10.	FEE IS \$150.00 16 Fee will be \$550:0 OFFICERS AND	10~- for -sTrust Fund Contr			ed to Fees	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
10.	OFFICERS AND	10~- for -sTrust Fund Contr	11. TITLE		ed to Fees	CHANGES TO OFF	·	DIRECTORS	S IN 11	
10. TITLE D NAME TRIPSO	OFFICERS AND	DIRECTORS	11. TITLE NAME		ed to Fees	CHANGES TO OFF	·			
10. TITLE D NAME TRIPSOI STREET ADDRESS 5020 12	OFFICERS AND  N. JOHN M  TH ST	DIRECTORS	11. TITLE NAME STREET ADDRESS		ed to Fees	CHANGES TO OFF	·			
10. TITLE : D TRIPSOI STREET ADDRESS 5020 12" CITY-ST-ZIP VERO B	OFFICERS AND	DIRECTORS  Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		ed to Fees	CHANGES TO OFF		☐ Change	Addition .	
10.  TITLE D  NAME TRIPSOI STREET ADDRESS 5020 12' CITY-ST-ZIP VERO B  TITLE D	OFFICERS AND  N, JOHN M  TH ST	DIRECTORS	11. TITLE NAME STREET ADDRESS		ed to Fees	CHANGES TO OFF				
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10.  TITLE D  NAME TRIPSOI STREET ADDRESS 5020 12' CITY-ST-ZIP VERO B  TITLE D  NAME DALEY, STREET ADDRESS 950 BRC	OFFICERS AND  N, JOHN M  TH ST  EACH, FL 32966  JACQUELINE S	DIRECTORS  Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		ed to Fees	CHANGES TO OFF		☐ Change	Addition .	
10.  TITLE D  NAME TRIPSOI STREET ADDRESS 5020 12' CITY-ST-ZIP VERO B  TITLE D  NAME DALEY, STREET ADDRESS 950 BRC	OFFICERS AND N, JOHN M I'H ST EACH, FL 32966 JACQUELINE S DADWAY	DIRECTORS  Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		ed to Fees	CHANGES TO OFF		☐ Change	Addition .	
10.  TITLE : D  TRIPSOI STREET ADDRESS 5020 12' CITY-ST-ZIP VERO B  TITLE D  NAME DALEY. STREET ADDRESS 950 BRC CITY-ST-ZIP BELMON TITLE PD  NAME SEXTON	OFFICERS AND  N, JOHN M  I'H ST  EACH, FL 32966  JACQUELINE S  JACQUELIN	DIRECTORS  Delete  Delete	11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME TITLE NAME NAME		ed to Fees	CHANGES TO OFF		☐ Change	Addition	
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12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. 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

J B Egan, III, Sec/Treas

2-17-06 Date

772-562-2301 Daytime Phone #