

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 DEC 19 PM 5:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 743512 1. Entity Name POINT PASS-A-GRILLE, INC.					
Principal Place of Business 200 1ST AVE. ST. PETERSBURG BCH., FL 33706			Mailing Address 9887 FOURTH STREET NORTH SUITE 301 SAINT PETERSBURG, FL 33702		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1908498	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OBBURN, BILLY K 9887 FOURTH STREET NORTH SUITE 301 SAINT PETERSBURG, FL 33702				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAUGHN, EDWARD		NAME	400082647294 12/19/06--01054--009 **61.25	
STREET ADDRESS	9887 FOURTH STREET NORTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33702		CITY-ST-ZIP		
TITLE	VPD1	<input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEIGHT, PATRICIA		NAME		
STREET ADDRESS	9887 FOURTH STREET NORTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702		CITY-ST-ZIP		
TITLE	VPD2	<input type="checkbox"/> Delete	TITLE	V1/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	-TRAGIAI, JACK		NAME		
STREET ADDRESS	9887 FOURTH STREET NORTH		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33702		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BORCHERDING, EUGENE		NAME	QUINLIVAN, SHANNON	
STREET ADDRESS	9887 FOURTH STREET NORTH		STREET ADDRESS	9887 FOURTH STREET NORTH	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702		CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
TITLE	<input type="checkbox"/> Delete		TITLE	V2/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	KLEIN, KAY	
STREET ADDRESS			STREET ADDRESS	9887 FOURTH STREET NORTH	
CITY-ST-ZIP			CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
TITLE	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	BONHEIMER, JIM	
STREET ADDRESS			STREET ADDRESS	9887 FOURTH STREET NORTH	
CITY-ST-ZIP			CITY-ST-ZIP	ST. PETERSBURG, FL 33702	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: John Tragiai, Treas. (Jack)			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date 12/7/06 Daytime Phone # 727-367-5736		