

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000006465

1. Entity Name
STEAMHOUSE SEAFOOD RESTAURANT, INC.



Principal Place of Business
**557 SOUTH HILL STREET
GRIFFIN, GA 30224**

Mailing Address
**557 SOUTH HILL STREET
GRIFFIN, GA 30224**



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2958667

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MATHESON, ROBERT E
9500 SOUTH OCEAN DRIVE #1005
JENSEN BEACH, FL 34957**

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

Robert E. Matheson

DATE

1/23/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**1100000410190
02/14/06-80037-022 158.75**

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	MILLER, ARCHIE T
STREET ADDRESS	5131 CYPRESS DRIVE
CITY-ST-ZIP	LAKE PARK, GA 31636
TITLE	VCVP
NAME	MATHESON, ROBERT E
STREET ADDRESS	9500 SOUTH OCEAN DRIVE #1005
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	S
NAME	MATHESON, JENNIFER L
STREET ADDRESS	9500 SOUTH OCEAN DRIVE #1005
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jennifer L Matheson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-2006

Date

Daytime Phone #

710

228-2040