


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90237 026 \*\*\*150.00

DOCUMENT # G96076		
1. Entity Name FIDDLERS GREEN RESTAURANT, INC.		

Principal Place of Business <del>46 JOHN WIERDA</del> 2750 ANAHMA DR. V.B. SAINT AUGUSTINE, FL 32084	Mailing Address <del>46 JOHN WIERDA</del> 2750 ANAHMA DR. V.B. SAINT AUGUSTINE, FL 32084
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DO NOT WRITE IN THIS SPACE



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2399275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MAYFIELD, GAYLE  
36 GROVE AVE.  
ST. AUGUSTINE, FL 32084

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WEGNER, JUDY 13 OAK AVE. V.B. ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SINGLETON, SCOTT 11 OAK AVE. V.B. ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DROUILLARD, ROCHELLE 11A OAK AVE. V.B. ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RICHARDSON, TERRY 11 OAK AVE. V.B. ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Assistant Secretary Peter Lawlor 11 Oak Ave St. Augustine, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Curtis R. V.P. 4/20/06 9048248897  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #