


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 25, 2004 8:00 am**  
**Secretary of State**

06-25-2004 90002 013 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # H00372</b>  |  |
| 1. Entity Name<br><b>THE GALLEY RESTAURANT AND LOUNGE, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>300 5TH AVENUE S<br/>STE 121<br/>NAPLES, FL 34102</b> | Mailing Address<br><b>300 5TH AVENUE S<br/>STE 121<br/>NAPLES, FL 34102</b> |
|---|---|

**54058838**



|  |  |
|--|--|
| 2. Principal Place of Business<br><b>11901 Tamiami Trail North</b> | 3. Mailing Address<br><b>11901 Tamiami Trail North</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                                    |

06222004 Chg-P CR2E034 (10/03)

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| City & State<br><b>Naples, FL</b> | City & State<br><b>Naples, FL</b> |
| Zip<br><b>34110-1653</b>          | Country                           |
| Country                           | Zip<br><b>34110-1653</b>          |

|   |  |
|---|--|
| 4. FEI Number<br><b>59-2397447</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |
|--|
| <b>6. Name and Address of Current Registered Agent</b>                     |
| <b>RODRIGUEZ, MICHAEL<br/>992 WOODSHIRE LANE D307<br/>NAPLES, FL 34105</b> |

|  |
|--|
| <b>7. Name and Address of New Registered Agent</b> |
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City <b>FL</b> 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 \_\_\_\_\_

|   |   |   |
|---|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice. |
|---|---|---|

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>P<br/>RODRIGUEZ, MICHAEL<br/>992 WOODSHIRE LANE D307<br/>NAPLES, FL 34105</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

**SIGNATURE:** Michael Rodriguez **6-22-04** **239-594-9356**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #