

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # H24705

1. Entity Name
ST. MARY'S SEAFOOD & STEAK HOUSE, INC.



Principal Place of Business
**1837 OSBORNE RD.
ST. MARYS, GA 31558**

Mailing Address
**1837 OSBORNE RD.
ST. MARYS, GA 31558**



07062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1586093

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAMS, MARGARET M.
11042 PINE ESTATES RD., E.
JACKSONVILLE, FL 32218**

**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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	WILLIAMS, DAVID L, JR.
STREET ADDRESS	501 PALMETTO ST.
CITY- ST- ZIP	ST. MARYS, GA
TITLE	STD
NAME	WILLIAMS, MARGARET M.
STREET ADDRESS	11042 PINE ESTATES RD., E.
CITY- ST- ZIP	JACKSONVILLE, FL
TITLE	VD
NAME	WILLIAMS, DEBRA
STREET ADDRESS	501 PALMETTO ST
CITY- ST- ZIP	ST MARYS, GA
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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07/18/06-80009-005 150.00

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

SIGNATURE: *David L. Williams Jr.* **DAVID L. WILLIAMS JR** **7-14-06** **912 882-6875**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #