

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H56097

FILED
Jan 16, 2009
Secretary of State

Entity Name: HOG'S BREATH SALOON OF F.W.B., INC.

Current Principal Place of Business:

541 HARBOR BLVD
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

541 HARBOR BLVD
DESTIN, FL 32541 US

New Mailing Address:

FEI Number: 59-2525938 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAUER, CHARLES
400 FRONT STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

MIILLE, KELLY MD
541 HARBOR BLVD
DESTIN, FL 32541 US

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.

SIGNATURE: KELLY M. MIILLE

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DORMINY, SHERRY W PRES
Address: 541 HARBOR BLVD
City-St-Zip: DESTIN, FL 32541

Title: MD () Delete
Name: MIILLE, KELLY M MGR,DIR
Address: 541 HARBOR BLVD
City-St-Zip: DESTIN, FL 32541

Title: SEC () Delete
Name: WOODS, SHERYL
Address: 541 HARBOR BLVD
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DORMINY, SHERRY W PRES
Address: 541 HARBOR BLVD
City-St-Zip: DESTIN, FL 32541

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY W. DORMINY

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date