

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90047 034 ***150.00

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|--|--|--|--|---|--|
| DOCUMENT # H91148 1. Entity Name THE SAFARI LOUNGE, INC. | | | | | |
| Principal Place of Business 73814 OVERSEAS HWY ISLAMORADA, FL 33036 US | | | Mailing Address 73814 OVERSEAS HWY ISLAMORADA, FL 33036 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2640124 | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TASSELL, LESLIE E. C/O THE SAFARI LOUNGE 73814 OVERSEAS HIGHWAY ISLAMORADA, FL 33036 | | | 7. Name and Address of New Registered Agent Name WISNER Thomas A Street Address (P.O. Box Number is Not Acceptable) C/O THE SAFARI LOUNGE 73814 OVERSEAS Highway City ISLAMORADA <div style="display: flex; justify-content: space-between; align-items: center;"> FL Zip Code 33036 </div> | | |
| 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 <u>Thomas A. Wisner</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right; text-align: right;"> 1/17/06 <small>DATE</small> </div> | | | | | |
| 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 | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TASSELL, LESLIE E. 3145 SHAFFER RD SE KENTWOOD, MI 49512 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WISNER Thomas A 3439 Quiggle S.E. Ada, Michigan 49301 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BOTTRALL, DAVID C 3145 SHAFFER RD SE KENTWOOD, MI 49512 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPOT WISNER, JOYCE S. 3439 Quiggle S.E. Ada, Michigan 49301 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPOT WISNER, THOMAS A 3145 SHAFFER RD SE KENTWOOD, MI 49512 | <input checked="" type="checkbox"/> Delete | 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: <u>Thomas A. Wisner</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right; text-align: right;"> 1/17/06 <small>DATE</small> </div> | | | | | |
| <div style="float: right; text-align: right;"> 616-676-2570 <small>Daytime Phone #</small> </div> | | | | | |