2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000001312

1. Entity Name

PASS-A-GRILLE MERCHANTS ASSOCIATION,

INCORPORATED

Principal Place of Business

Mailing Address

800 PASS ACTILLE WAY ST. PETEBEACH FL 33706 P.OBOX46424 PASSACRILLE, FL. 33741-6424 FILED Jan 12, 2004 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

01082004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 59-3495953

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional

6. Name and Address of Current Registered Agent

HOLEHOUSE, RONALD 113 12TH AVE ST. PETE BEACH, FL 33706

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 reinstaling) DATE		DATE
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Financir Trust Fund Contribution.	ig []	\$5.00 May Be Added to Fees	
ta. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLEHOUSE, RONALD 113 124TH AVE ST. PETE BEACH, FL 33706				U000000003182 01/13/04-80045-014 70.00
NAME STREET ADDRESS CITY-ST-ZIP	DV WESSON, SUZANNE 104 8TH AVE. ST. PETE BEACH, FL 33708	11			· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHOLTY, ALVA 801 PASS-A-GRILLE WAY ST. PETE BEACH, FL 33706			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATTHES, PEGGY 11 8TH AVE ST. PETE BEACH, FL 33706		IN THIS SPACE		
TITLE NAME STREET ADDRESS CXTY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			<u>-</u>	

12. I hereby certify that the information supplied with this filling 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 direction or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alva Sholty Treas & Jan