

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000017926

FILED
Jan 14, 2008
Secretary of State

Entity Name: TOWN TAVERN OF ST. PETE, INC.

Current Principal Place of Business:

121 SECOND AVENUE NORTH
ST PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

4411 CLEVELAND AVENUE
FT. MYERS, FL 33901

New Mailing Address:

2343 WEST BAY ISLE DRIVE
ST PETE, FL 33705

FEI Number: 65-0995232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMEONE, RICHARD J
4411 CLEVELAND AVENUE
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

CARCAISE, MICHAEL B
121 SECOND AVENUE NORTH
ST PETE, FL 33701 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: MIKE CARCAISE

01/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DCEO () Delete
Name: LAGESCHULTE, DAVID L
Address: 4411 CLEVELAND AVENUE
City-St-Zip: FT MYERS, FL 33901

Title: DP () Delete
Name: BRAWNER, TERRY K
Address: 4411 CLEVELAND AVENUE
City-St-Zip: FT MYERS, FL 33901

Title: DST (X) Delete
Name: LYNCH, PAUL W
Address: 4411 CLEVELAND AVENUE
City-St-Zip: FT MYERS, FL 33901

Title: VP (X) Delete
Name: LYNCH, PAUL W.,
Address: 4411 CLEVELAND AVE
City-St-Zip: FT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CARCAISE, MIKE
Address: 2343 WEST BAY ISLE DRIVE
City-St-Zip: ST PETE, FL 33705

Title: P (X) Change () Addition
Name: CARCAISE, MIKE
Address: 2343 WEST BAY ISLE DRIVE
City-St-Zip: ST PETE, FL 33705

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: MIKE CARCAISE

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01/14/2008

Electronic Signature of Signing Officer or Director

Date