

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90020 030 \*\*\*150.00

DOCUMENT # P00000068974

1. Entity Name

BAHAMAS HAMMERHEAD SEAFOOD GRILL, INC.



Principal Place of Business

6280 VIA PALLADIUM  
BOCA RATON FL 33433

Mailing Address

6280 VIA PALLADIUM  
BOCA RATON FL 33433



2. Principal Place of Business - No P.O. Box #

1090 Woodbine way  
Suite, Apt. #, etc.  
1011

3. Mailing Address

1090 Woodbine way  
Suite, Apt. #, etc.  
1011

1st MOORE

CR2E034 (10/07)

City & State  
Palm Beach Gardens, FL

City & State  
Palm Beach Gardens, FL

4. FEI Number 65-1025022

Applied For  
Not Applicable

Zip 33418

Country USA

Zip 33418

Country USA

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

6. Name and Address of Current Registered Agent

FERGUSON, ELDIN A JR  
6280 VIA PALLADIUM  
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name Eldin A. Ferguson, Jr.  
Street Address (P.O. Box Numbers Not Acceptable)  
1090 Woodbine way #1011  
City Palm Beach Gardens FL Zip 33418

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 reappointing)

DATE

21<sup>st</sup> Feb 08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FERGUSON, ELDIN A JR	
STREET ADDRESS	6280 VIA PALLADIUM	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERGUSON, SHARON E	
STREET ADDRESS	6280 VIA PALLADIUM	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

21<sup>st</sup> Feb 08