## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P00000080588

1. Entity Name

TALLAHASSEE ALE HOUSE AND RAW BAR EAST, INC.



FILED Apr 22, 2004 08:00 AM Secretary of State

Principal Place of Business

612 N. ORANGE AVE., SUITE C-6 JUPITER, FL 33458 Mailing Address

612 N. ORANGE AVE., SUITE C-6 JUPITER, FL 33458



03292004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1046443

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, JACK W 612 N. ORANGE AVE., SUITE C-6 JUPITER, FL 33458

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered o	ffice or r	egistered agent, or bo	th, in the State of Florida. I am familiar with	, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	it applicable (NOTE Registered Age	int signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	U00000125674 04/23/04-80003-016 150	.00
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JACK W 612 N. ORANGE AVE., SUITE C-6 JUPITER, FL 33458					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

## DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes 1 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 of those 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:

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

561-743-2299

Daytime Phone