

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90015 041 ***150.00

DOCUMENT # P0000084430 1. Entity Name GRILL IT, INC.	
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Principal Place of Business 2019 SR 60 EAST LAKE WALES, FL 33853	Mailing Address 571 GRAND CAYMAN CIR LAKELAND, FL 33803
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DO NOT WRITE IN THIS SPACE



01222006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3659288	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VINCENT, BRYAN G
 571 GRAND CAYMAN CIR
 LAKELAND, FL 33803

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT VINCENT, BRYAN G 571 GRAND CAYMAN CIR LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUFFY, RAYMOND 2823 OLD SALEM ROAD LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADAMS, LINDA E 571 GRAND CAYMAN CIRCLE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: *[Signature]* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____