** 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

it changed, or on an attachment with an address, with all other like empowered.

DOCUMENT # P00000110400 **Secretary of State** SHADY OAK RESTAURANT & TAVERN, INC. Principal Place of Business . Mailing Address 2984 OLD NY AVE DELAND FL 32720 44505 SUNSET TRAIL DELAND FL 32720 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3698572 Not Applicab! \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TUTTLE, JEAN Street Address (P.O. Box Number is Not Acceptable) 44505 SUNSET TRAIL DELAND FL 32720 Zip Code City 5. 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 life it applicable (NOTE: Registered Agent apprature required when remainly) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E. After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ ##;"" Delete THLE TITLE NAME NAME TUTTLE, JEAN 02/28/06-80002-003 150.00 STREET ADDRESS 44505 SUNSET TRAIL STREET ADDRESS CITY-ST-ZIP DELAND FL 32720 CITY-ST-ZIP Delete TITLE ☐ Change □ Asim TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZiP Change □ ACT TITLE SiglaCl 🔲 TSS) F NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change A.A. Delete TITLE TITS F NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP T Adminis Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RILE ☐ Change Addition. ☐ Detote 7176 F NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 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

FILED

2-14-06

Feb 16, 2006 08:00 AM