

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000084878

1. Entity Name
SALT WATER GRILL, INC.



Principal Place of Business
**5654 CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33884**

Mailing Address
**571 GRAND CAYMAN CIR
LAKE LAND, FL 33803**

FILED
Mar 17, 2004 08:00 AM
Secretary of State



02082004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3749807

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VINCENT, BRYAN G
571 GRAND CAYMAN CIR
LAKE LAND, FL 33803**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000090796
03/17/04-80033-015 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP VINCENT, BRYAN G 571 GRAND CAYMAN CIR LAKE LAND, FL 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WEINBERGER, TED J 1000 CAMPBELL AV LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS ADAMS, LINDA E 571 GRAND CAYMAN CIR LAKE LAND, FL 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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. 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: *Linda E Adams Sec*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/10/04 *863 646 1752*