## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 09, 2004 8:00 am **Secretary of State** DOCUMENT # P01000089041 1. Entity Name 02-09-2004 90050 039 \*\*\*150.00 BAHAMAS SEAFOOD GRILL, INC. Principal Place of Business Mailing Address 130 SPARROW DRIVE 130 SPARROW DRIVE WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 65-1136141 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FERGUSON, ELION A JR 130-A SPARROW DRIVE WEST PALM BEACH FL 33411 nt for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity nits this statem the obligations of regist SIGNATURE gent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change ☐ Addition ☐ Delete FERGUSON, ERIN A NAME NAME 130-A SPARROW DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33411 CITY-ST-ZIP ☐ Change TITLE Oelete TITLE Addition FERGUSON, ELDIN A JR NAME STREET ADDRESS 130-A SPARROW DR STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33411 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME FERGUSON SHARON NAME STREET ADDRESS 130-A SPARROW DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33411 TITI F Delete TIT! F ☐ Change ☐ Addition FERGUSON, ELDIN A III NAME NAME 130-A SPARROW DRIVE STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33411 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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.

OF DIRECTO

FILED