2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P01000101291

1. Entity Name
PEERCE'S RESTAURANT ON THE WATERFRONT, INC.



FILED

Apr 01, 2004 08:00 AM Secretary of State

Principal Place of Business

252 YACHT CLUB DR. ST. AUGUSTINE, FL 32084. Mailing Address 252 YACHT CLUB DR. ST. AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

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03212004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3750242

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UPCHURCH, H. DAVIS JR. 1510 N. PONCE DE LEON ST. AUGUSTINE, FL 32084

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	fapolicable (NOTE Registere	d Agent signature	nt signature required when renstating) — DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	U00000100521 04/01/04-80011-001 150.00				
10.	OFFICERS AND DIREC	TORS							
TITLE NAME STREET ADDRESS CRY-ST-ZIP	PD LAKE, PEERCE 42 ATLANTIC AVE. ST. AUGUSTINE, FL 32084								
TITLE NAME STREET ADDRESS CRY+ST-ZIP	SD LAKE, PEERCE 42 ATLANTIC AVE SAINT AUGUSTINE, FL 32084				- ·· ·				
title Name Street address City-St-Zip				DO	NOT WRITE				
NAME STREET ADDRESS CITY+ST-ZIP				IN .	THIS SPACE				
ISTLE NAME STREET ADDRESS CITY: ST: ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 comporation 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.									