

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90202 004 ***150.00

DOCUMENT # P01000105254

1. Entity Name

THE DOCKSIDE GALLEY GRILLE, INC.



Principal Place of Business

2841 MARINA CIRCLE
LIGHTHOUSE POINT FL 33064

Mailing Address

2841 MARINA CIRCLE
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

30-0053646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRIDLOW, MICHAEL F
~~2841-MARINA-CIRCLE-~~
~~LIGHTHOUSE-POINT-FL-33064-~~

Name

Street Address (P.O. Box Number is Not Acceptable)

1361 NE 47 STREET

City

FORT LAUDERDALE

FL

Zip Code

33308

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Delete
NAME KRIDLOW, MICHAEL F
STREET ADDRESS 2841-MARINA-CIRCLE
CITY-ST-ZIP LIGHTHOUSE-POINT-FL-33064

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1361 NE 47 STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE VTD ☐ Delete
NAME KRIDLOW, NICOLINA A
STREET ADDRESS 2841-MARINA-CIR.
CITY-ST-ZIP LIGHTHOUSE-FL-33064

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1361 NE 47 STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: X

MICHAEL F. KRIDLOW
PRESIDENT

X 2/18

954-788-4745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #