


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000090994**  
 1. Entity Name  
**CHICAGO STREET GRILL, INC.**



Principal Place of Business      Mailing Address  
 18102 FAIRPOINT PLACE      18102 FAIRPOINT PLACE  
 LUTZ, FL 33548                  LUTZ, FL 33548



02262005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**05-0543198**      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SAXE, DANIEL L.**  
**205 CRYSTAL GROVE BLVD.**  
**LUTZ, FL 33548**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

U00000256490  
 03/09/05-80008-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTVS
NAME	LOCASH, WILLIAM J
STREET ADDRESS	18102 FAIRPOINT PLACE
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	D
NAME	LOCASH, WILLIAM J
STREET ADDRESS	18102 FAIRPOINT PLACE
CITY-ST-ZIP	LUTZ, FL 33548
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)(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 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: William Locash      3/1/05      813-843-6543  
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR      Date      Daytime Phone #