

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

03-02-2006 90007 039 \*\*\*150.00

DOCUMENT # P02000120593

1. Entity Name

MRS. G'S LOUNGE, LIQ & REST, INC.



Principal Place of Business

769 ALABAMA STREET  
DAYTONA BEACH, FL 32114

Mailing Address

ARRIDEAN GROC  
252 GULL DR SO  
DAYTONA BEACH, FL 32119

2. Principal Place of Business

769 ALABAMA STREET  
Suite, Apt. #, etc.  
Daytona Beach Fla

City & State  
32114 Volusia

Zip Country

3. Mailing Address

252 GULL DR SO  
Suite, Apt. #, etc.  
Daytona Beach Fla

City & State  
32119 Volusia

Zip Country

02272006 Chg-P CR2E034 (11/05)

4. FEI Number

50-0007414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VAN HOUTEN, MICHAEL A  
114 SOUTN PALMETTO AVE  
DAYTONA BEACH, FL 32114

7. Name and Address of New Registered Agent

Name ARRIDEAN Grace

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

252 GULL DR SOUTH

DAYTONA Beach Fla

City

32119

FL

Zip Code

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

ARRIDEAN Grace President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/27-006

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST ☐ Delete  
NAME GRACE, ARRIDEAN  
STREET ADDRESS 769 ALABAMA STREET  
CITY-ST-ZIP DAYTONA BEACH, FL 32114

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 exemptions contained in Chapter 119, 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:

ARRIDEAN Grace President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27-006

Date

Daytime Phone #