

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000122033

Entity Name: 30-A RESTAURANT GROUP, INC.

FILED  
Feb 09, 2006  
Secretary of State

## Current Principal Place of Business:

3711 W CO HIGHWAY 30-A  
SANTA ROSA BEACH, FL 32459

## New Principal Place of Business:

## Current Mailing Address:

3711 W. CO. HIGHWAY 304  
SANTA ROSA BEACH, FL 32459

## New Mailing Address:

PO BOX 488  
MARY ESTHER, FL 32569

FEI Number: 16-1646733

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CONGLETON, BRAD  
50 UPTOWN GRAYTON CIRCLE #15  
SANTA ROSA BEACH, FL 32459 US

## Name and Address of New Registered Agent:

FRANK CLAYCOMB, CPA-P.A.  
471 SANDMORE SHORES DRIVE  
MARY ESTHER, FL 32569 US

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.

SIGNATURE: FRANK CLAYCOMB CPA

02/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete  
Name: BEEBE, JOHN H  
Address: 166 ACACIA  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete  
Name: BEEBE, LORA D  
Address: 166 ACACIA  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D (X) Delete  
Name: DOHERTY, MARK P  
Address: P.O. BOX 2563  
City-St-Zip: SANTA ROSA BEACH, FL

Title: D (X) Delete  
Name: VILLARREAL, EDWARD O  
Address: 531 EAST MIRACLE STRIP PARKWAY #11  
City-St-Zip: MARY ESTER, FL 32569

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN H. BEEBE

PDS

02/09/2006

Electronic Signature of Signing Officer or Director

Date