

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State

08-11-2004 90002 007 ***150.00

DOCUMENT # P03000017898					
1. Entity Name MULLET'S SEAFOOD RESTAURANT & OYSTER BAR, INC.					
Principal Place of Business 1674 VICTORIA WAY WINTER GARDEN, FL 34787		Mailing Address 1674 VICTORIA WAY WINTER GARDEN, FL 34787		<p style="text-align: right; font-size: 1.2em;">54067744</p> 	
2. Principal Place of Business 731 S. Dillard St Suite, Apt. #, etc. Ste 105 City & State Winter Garden, FL Zip 34787 Country Orange		3. Mailing Address 1674 Victoria Way Suite, Apt. #, etc. City & State Winter Garden, FL Zip 34787 Country Orange			
6. Name and Address of Current Registered Agent MASHBURN, ERIC S 102 E. MAPLE ST. WINTER GARDEN, FL 34787		7. Name and Address of New Registered Agent			
Name		Street Address (P.O. Box Number is Not Acceptable)		City	
				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIMES, DEWAYNE		NAME		
STREET ADDRESS	1674 VICTORIA WAY		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Dewayne Grimes</i>			<i>Dewayne Grimes</i> 8-9-04 4076541983 Date Daytime Phone #		