

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 27, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P03000031203**

1. Entity Name  
**RANGELINE GRILL, INC.**



Principal Place of Business  
**8969 WEST ATLANTIC AVENUE  
DELRAY BEACH, FL 33446**

Mailing Address  
**9 NW 25TH STREET  
DELRAY BEACH, FL 33444**



04242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>42-1581469</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**5. Name and Address of Current Registered Agent**

**NIEBEL, DEBRA  
9 NW 25TH STREET  
DELRAY BEACH, FL 33444**

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100000537230  
05/09/06-80009-014 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	NIEBEL, CHRISTOPHER SCOTT
STREET ADDRESS	8969 WEST ATLANTIC AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33446

TITLE	D
NAME	NIEBEL, DEBRA
STREET ADDRESS	9 NW 25TH STREET
CITY-ST-ZIP	DELRAY BEACH, FL 33444

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #