## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 24, 2005 8:00 am Secretary of State 02-24-2005 90045 050 \*\*\*150.00

DOCUMENT # P03000080539  1. Entity Name SQUARE GROUPER BAR & GRILL, INC.							02-24-2005 90045 050 ***150.00				
Principal Plac		s	lailing Address	1	-		อ	OOT8:	751		
22658 OVER CUDJOE KEY,				22658 OVERSEAS HWY Cudioe Key, Fl 33042					٠		
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2. Principal Place of Business				Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01272005	Chg-P	CR2E0	34 (10/03)	
City & State				City & State		4. FEI Number 57-1180	049		<del></del>	pplied For ot Applicable	
Zip	p Country			Zip Cour		ntry	5. Certificate of Status Desired S8.75 Additional Fee Required			ditional	
6. Name and Address of Current			nt Regis	tered Agent		7. Name and A	ddress of New R				
BELL, LYNN C						Name					
22658 OVERSEAS HWY CUDJOE KEY, FL 33042						Street Address (P.O. Box Number is Not Acceptable)					
CODSOE RE1, FL 33042											
						City			FL	Zip Cod	
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 little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.							.00 May Be led to Fees				
10.					11.	1	ADDITIONS/C	HANGES TO OFF	ICERS AND		
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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 a storier fike empowered.											