

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 15 PM 12:15

DOCUMENT # P03000080539

1. Entity Name
SQUARE GROUPE BAR & GRILL, INC.



Principal Place of Business
22518 LAFITTE DR
CUDJOE KEY, FL 33042

Mailing Address
926 TRUMAN AVE.
KEY WEST, FL 33040

2. Principal Place of Business
22658 OVERSEAS HWY
Suite, Apt. #, etc.

3. Mailing Address
22658 OVERSEAS HWY
Suite, Apt. #, etc.



03072006 Chg-P CR2E034 (11/05)

City & State
CUDJOE KEY, FL
Zip 33042 Country

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CUDJOE KEY, FL
Zip 33042 Country

4. FEI Number
57-1180049
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLEY, ALBERT L
926 TRUMAN AVE.
KEY WEST, FL 33040

7. Name and Address of New Registered Agent

Name
LYNN C. BELL
Street Address (P.O. Box Number is Not Acceptable)
22658 OVERSEAS HWY
City CUDJOE KEY FL Zip Code 33042

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GOODRICH, RICHARD ☐ Delete
STREET ADDRESS 776 CARIBBEAN DR.
CITY-ST-ZIP SUMMERLAND KEY, FL 33042

TITLE DST
NAME GOODRICH, MARILYN ☒ Delete
STREET ADDRESS 776 CARIBBEAN DR.
CITY-ST-ZIP SUMMERLAND KEY, FL 33042

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME BELL, LYNN C.
STREET ADDRESS 22658 OVERSEAS HWY
CITY-ST-ZIP CUDJOE KEY, FL 33042

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS 600068560296
CITY-ST-ZIP 03/24/06--01006--017 **\$61.25

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #