

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90403 009 \*\*\*150.00

<b>DOCUMENT # P03000084938</b> 1. Entity Name <b>NICE 'N EASY OYSTER BAR &amp; GRILLE, INC.</b>					
Principal Place of Business <b>551 MONASTERY ROAD ORANGE CITY, FL 32763-6207</b>			Mailing Address <b>551 MONASTERY ROAD ORANGE CITY, FL 32763-6207</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>OTWAY, DALE H 551 MONASTERY ROAD ORANGE CITY, FL 32763-6207</b>			Name <b>LEIGH RYAN OTWAY</b> Street Address (P.O. Box Number is Not Acceptable) <b>551 MONASTERY Rd</b> City <b>Orange City</b> <b>FL</b> Zip Code <b>32763</b>		
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: <b>4/25/06</b> <small>(Signature, typed or printed name of registered agent and title acceptable) (NOTE: Registered Agent signature required when consulting)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>OTWAY, DALE H</b>		NAME	<b>LEIGH RYAN OTWAY</b>	
STREET ADDRESS	<b>551 MONASTERY ROAD</b>		STREET ADDRESS	<b>551 MONASTERY Rd</b>	
CITY-ST-ZIP	<b>ORANGE CITY, FL 327636207</b>		CITY-ST-ZIP	<b>ORANGE CITY, FL 32763</b>	
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CITY-ST-ZIP			CITY-ST-ZIP		
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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 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 689, 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:			<b>6/7/06</b> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66013400



02072008 Chg-P CR2E034 (11/05)

4. FEI Number **20-0139740** Applied For ☐ Not Applicable ☐

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

**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

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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SIGNATURE: **6/7/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #