

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 14, 2004 8:00 am
Secretary of State

02-16-2004 90059 018 ***150.00

DOCUMENT # P03000112388

1. Entity Name
NORTH COAST RESTAURANT GROUP, INC.



Principal Place of Business
**9951 ATLANTIC BOULEVARD
SUITE 234
JACKSONVILLE FL 32225**

Mailing Address
**9951 ATLANTIC BOULEVARD
SUITE 234
JACKSONVILLE FL 32225**

66429921



MOORE CR2E034 (11/03)

2. Principal Place of Business
105 CANNON COURT W.

3. Mailing Address
105 CANNON COURT W.

City & State
PONTE VEDRA BEACH FL

City & State
PONTE VEDRA BEACH FL

Zip
32082

Country
USA

Zip
32082

Country
USA

4. FEI Number
200469742

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**C-T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
Name **Skip Attinger**
Street Address (P.O. Box Number is Not Acceptable)
105 Cannon Ct W
City **Ponte Vedra Beach FL** Zip Code **32082**

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 **Skip Attinger** DATE **2/10/04**

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BERNARD SMITH 2790 N.W. 24 TH ST. LIGHTHOUSE POINT FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SKIP ATTINGER 105 CANNON COURT W. PONTE VEDRA BEACH, FL 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: **Skip Attinger** DATE **2/10/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR