

ANNUAL REPORT (AR)

DOCUMENT # P03000112388

1. Entity Name

NORTH COAST RESTAURANT GROUP, INC.



FILED
Feb 17, 2006 08:00 AM
Secretary of State

Principal Place of Business
105 CANNON COURT W
PONTE VEDRA BEACH FL 32082

Mailing Address
105 CANNON COURT W
PONTE VEDRA BEACH FL 32082



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

20-0469742

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATTINGER, SKIP
105 CANNON CT W
PONTE VEDRA BEACH FL 32082

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-listing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 P ☐ Delete
NAME SMITH, BEAVEN
STREET ADDRESS 2790 NE 24TH ST
CITY-ST-ZIP LIGHTHOUSE POINTE FL 33064

TITLE ☐ Change ☐ Add
NAME ☐ Change ☐ Add
STREET ADDRESS
CITY-ST-ZIP
11000011439074
03/01/06-80032-015 150.00

TITLE V ☐ Delete
NAME ATTINGER, SKIP
STREET ADDRESS 105 CANNON COURT W
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Skip Attinger* SKIP ATTINGER 2/14/06 904-280-1904