## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 27, 2005 8:00 am Secretary of State 04-27-2005 90292 020 \*\*\*150.00

DOCUMENT # P03000141016  1. Entity Name PIRATES COVE BAR & GRILL, INC.						04-27-2005	90292 020 ***1	50.00
Principal Place of Business Mailing Address				]				
827 W BLOOMINGDALE AVE Brandon, FL 33511		827 W BLOOMINGDALE AVE Brandon, FL 33511						
2 Committed D	Rose of Stationers	3. Mailing Address						
2. Principal Place of Business		3. Walling Acturess				DEBU 1118 BUILE DULL <b>es</b> t	UI IIAIN BIBAN IIBN 68604 HUIG	DITTO DE L'IRRI
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03152005	Chg-P	CR2E034 (10/03	1)	
City & State		City & State		4. FEI Number			Applied For	
Zip	Country	Zip	Country		74-3110	f Status Desired	□ \$8.75 A	Not Applicable dditional
•	6. Name and Address of Current	Booletoned Apont				~	Fee Requi	red
	b. Name and Address of Current	Hegistered Agent		Name	7. Name and 7	Address of New R	legistered Agent	
CUMMIN, LINDA				Street Address (P.O. Box Number is Not Acceptable)				
4421 WINDING RIVER DR VALRICO, FL 33594			Street Atta	ess (F.O. Dox Nomber	is Not Acceptable			
	*,							
				City			FL Zip Co	ode
	named entity submits this statement flions of registered agent.	or the purpose of changing its	register	ed office or re	gistered agent, or both	, in the State of Flo	orida. I am familiar wit	h, and accept
the obliga:	ions or regisæred agent.							
SIGNATURE_	Signature, tyted or printed name of registered agen	1 and title a applicable (NO)	E: Registers	d Agent signature a	equired when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campa Trust Fund Con			\$5.00 May Be Added to Fees			
10.	OFFICERS AND	*****************************	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTO	
MARE NAME	PSTD CUMMIN, LINDA	IN, LINDA ☐ Delets ☐ III.		I .			☐ Chang	E ☐ Addition
STREET ADDRESS	4421 WINDING RIVER DR STI			EET ADORESS				
CITY+ST-ZIP			-S1-2P					
TITLE NAME			TITL Nam	ſ			☐ Changi	e 🔲 Addition
STREET ADDRESS				EET AUDRESS				
CITY-ST-7IP			CHY	'-SI-2P			*************	*****************
TIFLE NAME			TITE				☐ Change	a 🔲 Addition
STREET ADDRESS			•	EET ADORESS				
CITY-ST-ZIP			C:TY	/-ST-ZIP				
TITLE	☐ Delete TIT		l l			☐ Change	Addition	
NAME STREEF ADDRESS			NAN STR	re Eet adoress				
C:TY-ST-ZIP			CiTY	- ST- ZIP				
TITLE	☐ Delete TITI		l l			☐ Chang	e 🔲 Addition	
NAME STREET ADDRESS			NAM STR	EET ADDRESS				
CITY-ST-ZIP				/- ST- ZIP				
TITLE		☐ Delata	. TITL	£			Chang	e 🔲 Addition
NAME			NAS:	1				
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST+Z:P				
12. I hereby	I certify that the information supplied wit	th this filing does not qualify fo	or the exe	mption stated	l in Section 3 19.07(3)(i	), Florida Statutes.	I further certify that the	e 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 truetee 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 attackment with an appropriate the empowered.