2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2005 8:00 am Secretary of State

DOCUMENT # P04000011978 1. Entity Name THIRSTY WHALE PUB, INC					04-18-2005 90574 023 ***150.00			
Principal Place of Business Mailing Address 230 S. WYMORE RD. ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, F.			FL 32714		20036778			
				1)((100) 41 (50)	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062005	Chg-P (CR2E034 (10/03)		
City & State		City & State		4. FEI Numb	074532	a A	oplied For	
Zip	Country	Zip	Country	-		\$8.75 Ad	ditional	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Regis	•	-	
CACNE	NOUADDA	GRGNE,	GNE RICHARD-L					
GAGNE, RICHARD L 914 E. LAKE DESTINY RD.				reet Address (P.O. Box Number is Not Acceptable)				
ALTAMONTE SPRINGS, FL 32714			47	421 E. ALPINE ST				
			City A	LTANONT	E SPRING	FL Zip Coo	<u> </u>	
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or			. I am familiar with	and accept	
the obligat	ions of registered agent	Mens			~	4/2/	ا ٔ ہ	
SIGNATURE	Signature, typed or printed nume of regulared agent	and titley applicable (NOT	E: Registered Agent signatur	re required when reinstating)	^_	1/19/0-	<u> </u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS,	CHANGES TO OFFICER	RS AND DIRECTOR	S IN 11	
TITLE	PTSD	☐ Delete	TITLE	PTSD	···	Change	Addition	
NAME STREET ADDRESS	GAGNE, RICHARD L		NAME		RICHARD			
CITY-ST-ZIP			CTDCCT ADDDCCC	GAGNE	/ CH MAD	L .		
		714	STREET ADDRESS CITY+ST-ZIP	GAGNE.	ALPINE ST	r Je Fl	33901	
TITLE		714		GAGNE 421 E. ALTAMO	ALPINE ST VTE SPRIM		32701	
TITLE NAME			CITY-ST-ZIP	GAGNE 421 E. ALTAMO	ALPINE ST LTE SPRIM	Change	3270/ 	
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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.

1

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR