


# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000011978		
1. Entity Name THIRSTY WHALE PUB, INC		

Principal Place of Business 230 S. WYMORE RD. ALTAMONTE SPRINGS, FL 32714	Mailing Address 230 S. WYMORE RD. ALTAMONTE SPRINGS, FL 32714
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2. Principal Place of Business - No P.O. Box #		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  GAGNE, RICHARD L 914 E. LAKE DESTINY RD. ALTAMONTE SPRINGS, FL 32714		7. Name and Address of New Registered Agent Name <u>Joseph L. Hammett</u> Street Address (P.O. Box Number is Not Acceptable) <u>4610 Edgewater Dr.</u> City <u>Orlando</u> FL Zip Code <u>32804</u>	
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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 <u>Joseph L. Hammett</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>	DATE <u>9/12/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD GAGNE, RICHARD L 421 E ALPINE ST ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joseph L. Hammett 4610 Edgewater Dr. Orlando, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100136102991 09/18/08--01043--008 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: <u>Joseph L. Hammett</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>9/12/08</u> Daytime Phone # <u>321-663-3139</u>

FILED

2008 SEP 15 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9-16 JD



07252008 Chg-P CR2E034 (12/06)

4. FEI Number  
20-0745322

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

6. Name and Address of Current Registered Agent  
GAGNE, RICHARD L  
914 E. LAKE DESTINY RD.  
ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent  
Name Joseph L. Hammett  
Street Address (P.O. Box Number is Not Acceptable) 4610 Edgewater Dr.  
City Orlando FL Zip Code 32804

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 Joseph L. Hammett  
Signature typed or printed name of registered agent and title if applicable.

DATE 9/12/08  
(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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