

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014978

Entity Name: THE BRICK BAR, INC.

FILED
Jul 29, 2005
Secretary of State

Current Principal Place of Business:

2224 BAY STREET
THIRD FLOOR
FT. MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

757 BINNACLE DR.
NAPLES, FL 34103 US

New Mailing Address:

5140 CHERRY WOOD DRIVE
NAPLES, FL 34119 US

FEI Number: 20-0669340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONAQUIST, JAMES A JR.
3550 EAST TAMIAMI TR.
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BONAQUIST, JAMES A JR.
Address: 3550 EAST TAMIAMI TR.
City-St-Zip: NAPLES, FL 34112 US

Title: VP () Delete
Name: CIPRI, ANTON B
Address: 5140 CHERRY WOOD DR.
City-St-Zip: NAPLES, FL 34119 US

Title: T () Delete
Name: BONAQUIST, JAMES A JR.
Address: 3550 EAST TAMIAMI TR.
City-St-Zip: NAPLES, FL 34112 US

Title: S () Delete
Name: BONAQUIST, JAMES A JR.
Address: 3550 EAST TAMIAMI TR.
City-St-Zip: NAPLES, FL 34112 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CIPRI, ANTON B
Address: 5140 CHERRY WOOD DR.
City-St-Zip: NAPLES, FL 34119 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LYNN, PETER
Address: P.O. BOX
City-St-Zip: LAPORTE, PA 18626 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTON B. CIPRI

S

07/29/2005

Electronic Signature of Signing Officer or Director

Date