

FILED
Mar 21, 2005 8:00 am
Secretary of State

02-17-2005 90020 013 ***158.75

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000106201			
1. Entity Name HOOK'S OCEAN GRILL, INC.			
Principal Place of Business 10555 PARK BLVD. SEMINOLE, FL 33772 US		Mailing Address 643 DE SOTO DRIVE TIERRA VERDE, FL 33716 US	
2. Principal Place of Business		3. Mailing Address 10555 park Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Seminole, FL 33772	
Zip		Country	
4. FEI Number 20-1381698		Applied For Not Applicable	
5. Certificate of Status Desired		S8.75-Additional Fee Required	
6. Name and Address of Current Registered Agent KIM, MICHELLE C 643 DE SOTO DRIVE TIERRA VERDE, FL 33716		7. Name and Address of New Registered Agent	
		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 _____ (NOTE: Registered Agent signature required when renouncing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P KIM, MICHELLE C 643 DE SOTO DRIVE TIERRA VERDE, FL 33716 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP pathana Rattanasamay 6372 palma Delmar Blvd Unit 211 St. Petersburg, FL 33715 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SITHIPHON, PHONEVICHITH 643 DE SOTO DRIVE TIERRA VERDE, FL 33716 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Saysamone Pothikay 6372 palma Delmar Blvd. Unit 211 St. Petersburg, FL 33715 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOUAVONG, THANHVA 643 DE SOTO DRIVE TIERRA VERDE, FL 33716 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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.			
SIGNATURE: <u>Michelle Kim</u>		2/3/05 727-823-3100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	