2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State

DOCUMENT # P04000121741 1. Entity Name EMMET'S STEAKHOUSE, INC.					ı	04-27-2006 9	0221 046	***158.	75
Principal Place of Business 1004 MAIN ST THE VILLAGES, FL 32159		Mailing Address 1004 MAIN ST THE VILLAGES, FL 32159							
Principal Place of Business 3		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04212006	Chg-P	CR2E03	34 (11/05)	
City & State		City & State			4. FEI Number 20-1634			<u> </u>	plied For t Applicable
Zip	Country Zip Cour		try	5. Certificate o	f Status Desired	(DL)	8.75 Add Fee Required	itional 1	
6. Name and Address of Current Registered Agent					7. Name and A	ddress of New F	Registered A	gent	
BLANCHARD, DOCK A ESQÛIRE			Name						
4 S.E. BROADWAY OCALA, FL 34471			Street Address (P.O. Box Number is Not Acceptable)						
				City			FL	Zip Code)
The shows named antity submits this statement for the nurnose of changing its registers.			ed office or register	ed agent or both	in the State of Fi		amiliar with	and accept	
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									
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to					.00 May Be ed to Fees			,	
10.	OFFICERS AND DIRI		11.		ADDITIONS/C	HANGES TO OFF	ICERS AND		
TITLE P NAME BOWES, BR	PENDAN M	☐ Delete	NAM	İ				☐ Change	☐ Addition
1	BOWES, BRENDAN M ADDRESS 3221 N.W. 56TH STREET			ET ADDRESS					
CITY-ST-ZIP OCALA, FL	OCALA, FL 34475		CITY	-ST-ZIP					
TITLE VP		☐ Delete	TITLE	E				Change	Addition
	· · · · · ·		NAM						
1 1				ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME		_ 55.55	NAM	E					
STREET ADORESS				ET ADDRESS					
CITY-ST-ZIP			-	-ST-ZIP					☐ Addition
TITLE NAME		O						Change	- Modernon i
1	-	☐ Delete	TITLE					☐ Change	
STREET ADDRESS		☐ Delete	NAM				·	Change	
STREET ADDRESS CITY-ST-ZIP			nam Stre	E		-			
CITY-ST-ZIP		☐ Delete	NAM STRE CITY TITLE	EET ADDRESS -ST-ZIP				☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME			NAM STRE CITY TITLE	eet address -St-Zip E					☐ Addition
CITY-ST-ZIP			NAM STRE CITY THILE NAM STRE	EET ADDRESS -ST-ZIP					☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			NAM STRE CITY THILE NAM STRE	eet address -St-Zip E E E EET address -ST-Zip					Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Delete	NAM STRE CITY TITLE NAM STRE CITY TITLE NAM	EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP E				☐ Change	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	EET ADDRESS -ST-ZIP EE EET ADDRESS -ST-ZIP EE EST-ADDRESS -ST-ZIP E				☐ Change	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06 38

362 572 3686

Daytima Phone #