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Sep 07, 2005 8:00 am
Secretary of State
08-19-2005 90008 045 ***550.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000167133

1. Entity Name
ELIXIR ULTRA LOUNGE, INC

Principal Place of Business	Mailing Address
2348 MILLER OAKS DRIVE NORTH JACKSONVILLE, FL 32217	2348 MILLER OAKS DRIVE NORTH JACKSONVILLE, FL 32217

08302005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Elixir Ultra Lounge	341 PARK AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORANGE PARK, FLORIDA	City & State: ORANGE PARK, FLORIDA
Zip: 32073 Country: U.S.A.	Zip: 32073 Country: U.S.A.

4. FEI Number: 20-1996286 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STRAIGHT, TIMOTHY J
2348 MILLER OAKS DRIVE NORTH
JACKSONVILLE, FL 32217

7. Name and Address of New Registered Agent

Name: Timothy J. Straight
Street Address (P.O. Box Number is Not Acceptable): 2348 MILLER OAKS DR. N.
City: JACKSONVILLE FL Zip Code: 32217

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: Timothy J. Straight 07-31-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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 HUNTER, DOUGLAS R 5356 PERGRAN COURT JACKSONVILLE, FL 32257	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STRAIGHT, TIMOTHY J 2348 MILLER OAKS DRIVE NORTH JACKSONVILLE, FL 32217	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Timothy J. Straight V.P. 07-31-05 (904)910-3449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #