

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000169656

1. Entity Name

MARLIN DARLIN GRILL OF BELLEAIR BLUFFS, INC.



Principal Place of Business

2819 WEST BAY DRIVE
BELLEAIR BLUFFS, FL 33770

Mailing Address

18395 GULF BLVD. STE 103
INDIAN SHORES, FL 33785



04032006

No Chg-P

CR2E034 (11/05)

4. FEI Number

03-0552917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHIVAS, FRANK R PRES
18395 GULF BLVD. STE. 103
INDIAN SHORES, FL 33785

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHIVAS, FRANK
STREET ADDRESS	18395 GULF BLVD STE 103
CITY-ST-ZIP	INDIAN SHORES, FL 33785
TITLE	VP
NAME	CHIVAS, FRANK
STREET ADDRESS	18395 GULF BLVD STE 103
CITY-ST-ZIP	INDIAN SHORES, FL 33785
TITLE	SEC
NAME	CHIVAS, FRANK
STREET ADDRESS	18395 GULF BLVD STE 103
CITY-ST-ZIP	INDIAN SHORES, FL 33785
TITLE	TREA
NAME	CHIVAS, FRANK
STREET ADDRESS	18395 GULF BLVD STE 103
CITY-ST-ZIP	INDIAN SHORES, FL 33785
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000512443
04/29/06-00090-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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

DATE

DAYTIME PHONE #

Frank R. Chivas Frank R. Chivas 4-13-06 727 391 4050