
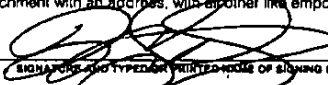


2006 FOR PROFIT CORPORATION ANNUAL REPORT

5 **FILED**
Jun 19, 2006 8:00 am
Secretary of State

05-03-2006 90242 050 ***150.00

DOCUMENT # P05000016067 1. Entity Name CARRIE'S LIGHTHOUSE GRILL, INC.					
Principal Place of Business 1403 SOUTH 14TH STREET LEESBURG, FL 34748			Mailing Address 1403 SOUTH 14TH STREET LEESBURG, FL 34748		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Name and Address of Current Registered Agent CYRUS, ROBERT R 214-A NORTH THIRD STREET LEESBURG, FL 34748			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.D PENHORWOOD-SPARKS, CARRIE L 1403 SOUTH 14TH STREET LEESBURG, FL 34748		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST.D SPARKS, DWAYNE E 1403 SOUTH 14TH STREET LEESBURG, FL 34748		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP SPARKS, DWAYNE E 1403 SOUTH 14TH STREET LEESBURG, FL 34748		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP.D SPARKS, ARTHUR E 1403 SOUTH 14TH STREET LEESBURG, FL 34748		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 authority to be empowered.					
SIGNATURE: 		4-28-2006 352-326-1200 <small>Signature and Typed Name of Signing Officer or Director Date Daytime Phone #</small>			