2007 FOR PROFIT CORPORATION - ANNUAL REPORT

DOCUMENT # P05000165406

FILED Feb 12, 2007 8:00 am Secretary of State

02-12-2007 90095 042 ***150.00

1. Entity Nam SPECKLE		STEAKHOUSE &	& LOUNGE, INC.							
Principal Place of Business M			Mailing Address	Mailing Address			- 0.0			
850 NE 24TH AVENUE 8			850 NE 24TH AVENUE			40014683				
Principal Place of Business - No P.O. Box # 3.			3. Mailing Address				ph.			
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.		01122007	Chg-P	CR2E	034 (12/06)	
City & State			City & State	City & State		4. FEI Numbe	42-1689	39 4 2		plied For
Zip	Country		Zip Countr		itry	5. Certificate	of Status Desired		\$8.75 Add	litional
	6. Name a	nd Address of Current F	Registered Agent	gent			Address of New R	egistered	Agent	
**					Name					
FARRELL, RICKEY L 1595 SE PORT ST. LUCIE BOULEVARD PORT ST. LUCIE, FL 34952						(P.O. Box Number	er is Not Acceptable)		
				City				FI	Zip Code	e
8. The above named entity submits this statement for the purpose of changing its register.									<u>- </u>	
	tions of register		the purpose of changing its	registeri	ed office or registe	ered agent, or bo	th, in the State of Fig	orida. I an	n ramiliar with,	and accept
SIGNATURE.	Signature, typed or	printed name of registered agent a	nd title if applicable. (NOTE	: Registere	d Agent signature require	ed when reinstating)		DATE		
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.						5.00 May Be ded to Fees				
10.		OFFICERS AND I	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11
TITLE	P		☐ Delete	TITLE	E				Change	Addition
NAME	NIX, NEIL (NAM						
STREET ADDRESS	850 NE 241			EET ADDRESS						
CITY-ST-ZIP	OKEECHO		CITY	-ST-ZIP						
TITLE	ST		Delete	TITLE	E				Change	☐ Addition
NAME	NIX, MARY			NAM						
STREET ADDRESS	1	TH AVENUE			ET ADDRESS					
CITY-ST-ZIP	OKEECHO	BEE, FL 34972	<u> </u>	CITY	-ST-ZIP					
TITLE	1		Delete	TITLE	i i				Change	Addition
NAME				NAM						
STREET ADDRESS					ET ADDRESS -ST-ZIP					
CITY-ST-ZIP										
				- On t	101-211					
TITLE			☐ Delete	TITL	E				☐ Change	Addition
NAME			☐ Delete	TITLI	E IE				☐ Change	Addition
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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 empoyered 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. 1112-461

SIGNATURE: 1/ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #