2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State
01-31-2007 90047 015 ***158.75

DOCUMENT # P06000102176

1. Entity Name
GRILLE 754 INC.

Principal Place of Business
754 N.E. 25TH AVE
OCALA FL 34471
US

Mailing Address
754 N.E. 25TH AVE
OCALA FL 34471
US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #
754 N.E. 25TH AVE.
Suite, Apt. #, etc.
City & State
OCALA, FL
Zip 34470 Country U.S.A.

3. Mailing Address
754 N.E. 25TH AVE.
Suite, Apt. #, etc.
City & State
OCALA, FL.
Zip 34470 Country U.S.A

4. FEI Number 76-0839747 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
REID, REGAN
754 N.E. 25TH AVE
OCALA FL ~~34471~~ 34470

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 which registrant) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 REID, REGAN 754 N.E. 25TH AVE OCALA FL 34471 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition ZIP CODE 34470
TITLE NAME STREET ADDRESS CITY ST ZIP	DIR REID, REGAN 754 N.E. 25TH AVE OCALA FL 34471 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition ZIP CODE 34470
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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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 exemptions contained in Section 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: REGAN REID 1/23/07 (352) 622-8220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #