

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000081205

FILED
Mar 01, 2010
Secretary of State

Entity Name: FILL & GRILL, INC.

Current Principal Place of Business:

5014 PORTSMOUTH STREET
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

5014 PORTSMOUTH STREET
TAVARES, FL 32778

New Mailing Address:

FEI Number: 27-1035644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVIS, THOMAS G
5014 PORTSMOUTH STREET
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: DAVIS, THOMAS G
Address: 5014 PORTSMOUTH STREET
City-St-Zip: TAVARES, FL 32778 US

Title: D
Name: DAVIS, MAXINE
Address: 5014 PORTSMOUTH STREET
City-St-Zip: TAVARES, FL 32778 US

Title: O
Name: DAVIS, THOMAS G PRES
Address: 5014 PORTSMOUTH ST
City-St-Zip: TAVARES, FL 32778 US

Title: O
Name: COCKLEY, JASON VP
Address: 5014 PORTSMOUTH ST
City-St-Zip: TAVARES, FL 32778 US

Title: O
Name: DAVIS, MAXINE SEC
Address: 5014 PORTSMOUTH ST
City-St-Zip: TAVARES, FL 32778 US

Title: O
Name: DAVIS, THOMAS G TREAS
Address: 5014 PORTSMOUTH ST
City-St-Zip: TAVARES, FL 32778 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS G DAVIS

D-P

03/01/2010

Electronic Signature of Signing Officer or Director

Date