

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000000145

Entity Name: GATORS RIVERSIDE GRILLE, INC.

FILED
Jun 29, 2005
Secretary of State

Current Principal Place of Business:

4255 PENINSULA POINT
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

669 REMINGTON OAK DR
LAKE MARY, FL 32746 US

New Mailing Address:

239 SHADY OAKS CIRCLE
LAKE MARY, FL 32746 US

FEI Number: 59-3216682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAWN, SHERRI
669 REMINGTON OAK DRIVE
LAKE MARY, FL 327465708 US

Name and Address of New Registered Agent:

STRAWN, SHERRI
239 SHADY OAKS CIRCLE
LAKE MARY, FL 327465708 US

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: SHERRI STRAWN

06/29/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STRAWN, KENNETH
Address: 669 REMINGTON OAK DR
City-St-Zip: LAKE MARY, FL 32746 US

Title: VP () Delete
Name: STRAWN, SHERRI
Address: 669 REMINGTON OAK DR
City-St-Zip: LAKE MARY, FL 32746 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STRAWN, KENNETH
Address: 239 SHADY OAKS CIRCLE
City-St-Zip: LAKE MARY, FL 32746 US

Title: VP (X) Change () Addition
Name: STRAWN, SHERRI
Address: 239 SHADY OAKS CIRCLE
City-St-Zip: LAKE MARY, FL 32746 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SHERRI STRAWN

VP

06/29/2005

Electronic Signature of Signing Officer or Director

Date