## 2006 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

## **ANNUAL REPORT**

DOCUMENT # P94000061774

ST, LUCIE DRAFT HOUSE AND SPORTS BAR, INC.



Principal Place of Business

6630 SOUTH US ONE

PORT ST. LUCIE, FL 34952

Mading Address

2161 PALM BEACH LAKE BLVD

SUITE 403

WEST PALM BEACH, FL 33409

US

## **FILED** Mar 20, 2006 08:00 AM **Secretary of State**



02062006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3275961

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

				{	Fee Required
6. Name and Address of Current Registered Agent					
PREEFER, RICHARD 6630 SOUTH U.S. ONE PORT ST. LUCIE, FL 34952			DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the priors of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and eccept
SIGNATURE.	Signature, typed or printed name of registered agent and title is	. I applicable. INOTE: Retristered	Abent sygnature	required when reinstating)	DAIE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees	1100000474443 04/04/06-80023-024 150.00
10.	OFFICERS AND DIREC	TORS		1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP FIFLE MAME STREET ADDRESS CITY-ST-ZIP	WEST PALM BEACH, FL 33409				•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCHALE, TAMI 6630 SOUTH US HWY #1 PORT SAINT LUCIE, FL 34952			DO NOT WRITE	
TITLE NAME STREET ADDRESS DITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS					

12. Thereby 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 all other like empowered.

SIGNATURE: \_

CSTY-ST-ZIP THILE NAME STREET ADDRESS CITY-SY-ZW

PED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR