

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 22, 2004 08:00 AM  
Secretary of State

DOCUMENT # P94000069783

1. Entity Name  
ATLANTA ALE HOUSE AND RAW BAR, INC.



Principal Place of Business

612 N. ORANGE AVE., SUITE C-6  
JUPITER, FL 33458

Mailing Address

612 N. ORANGE AVE., SUITE C-6  
JUPITER, FL 33458



03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-0567316

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, JOHN W  
612 N. ORANGE AVE., SUITE C-6  
JUPITER, FL 33458

DO NOT WRITE  
IN THIS SPACE

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 when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

000000125682  
04/23/04-80003-022 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MILLER, JOHN W  
612 N ORANGE AVE STE C-6  
JUPITER, FL 33458

TITLE  
NAME  
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CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/04

561.743.2299