

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90058 035 ***150.00

DOCUMENT # P94000070058

1. Entity Name

GRADY'S BAR, INC.



Principal Place of Business

707 S.E. THIRD AVENUE
SUITE ~~101~~ 400 A
FORT LAUDERDALE FL 33316

Mailing Address

707 S.E. THIRD AVENUE
SUITE ~~101~~ 400 A
FORT LAUDERDALE FL 33316



2. Principal Place of Business

707 S.E. 3rd Avenue

3. Mailing Address

same

Suite, Apt. #, etc.

400 A

Suite, Apt. #, etc.

same

1st MOORE

CR2E034 (10/05)

City & State

Fort Lauderdale, Fl.

City & State

same

4. FEI Number

65-0541067

Applied For

Not Applicable

Zip
33316

Country
USA

Zip
same

Country
same

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAMBLISS, LINDA
707 S.E. THIRD AVENUE
SUITE ~~101~~ 400 A
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name
Philip Disque

Street Address (P.O. Box Number is Not Acceptable)
707 S.E. 3rd Avenue

Suite 400

City
Fort Lauderdale

FL

Zip Code
33316

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 reconstituting)

4/4/2006
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
DISQUE, PHILIP A
707 SE 3RD AVENUE, STE. 400
FT LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2006 954-523-2697
Date Daytime Phone #