

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000047784

1. Entity Name
GULF BOULEVARD LIQUOR & LOUNGE, INC.



Principal Place of Business
5235 GULF BOULEVARD
ST PETE BEACH, FL 33706

Mailing Address
5235 GULF BOULEVARD
ST PETE BEACH, FL 33706

FILED
Apr 16, 2004 08:00 AM
Secretary of State



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3321510

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAGANNATH, ROOPAN
5235 GULF BOULEVARD
ST PETE BEACH, FL 33706

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

UD00000115845
04/16/04-80041-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JAGANNATH, ROOPAN
STREET ADDRESS	5235 GULF BOULEVARD
CITY-ST-ZIP	ST PETE BEACH, FL
TITLE	D
NAME	JAGANNATH, SHANTA
STREET ADDRESS	5235 GULF BOULEVARD
CITY-ST-ZIP	ST PETE BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

4/14/04 727-333-662