## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # D05000067448

## FILED Apr 18, 2005 8:00 am Secretary of State 04-18-2005 90576 028 \*\*\*150.00

| 1. Entity Name GOSSIPS RESTAURANT & COCKTAIL LOUNGE INC. |   |   |                    |  | o locale                                    |                        | 3 <b>1 10 2</b> 000     | ,,,,,,          | 020 130                    |                           |  |
|--|---|---|--------------------|--|---|------------------------|-------------------------|-----------------|----------------------------|---------------------------|--|
| Principal Place  | e of Business   | Mailing Address                         | Mailing Address    |  |   |                        |                         | JZ              |                            |                           |  |
| 536 W CHURCH ST<br>Orlando, Fl 32805 US                  |   | 536 W CHURCH ST<br>Orlando, Fl 32805 US |                    |  |   |                        |                         |                 |                            |                           |  |
| 2. Principal P   | lace of Business  | 3. Mailing Address                      | 3. Mailing Address |  |   |                        |                         |                 |                            |                           |  |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.                     |                    |  |   | 04122005               | Chg-P                   | CR2E            | (10/03)                    |                           |  |
| City & State   |   | City & State                            |                    |  |   | 4. FEI Numb<br>59-333  |                         |                 |                            | plied For<br>t Applicable |  |
| Zip  | Country   | Zip                                     | Zip Count          |  |   | 5. Certificate         | of Status Desired       |                 | \$8.75 Add<br>Fee Required |                           |  |
| 6. Name and Address of Current Registered Agent          |   |   |                    |  | 7. Name and Address of New Registered Agent |                        |                         |                 |                            |                           |  |
| WILSON, T A 5929 SIR HENRY ROAD ORLANDO, FL 32808        |   |   |                    | Street Address (P.O. Box Number is Not Acceptable) |   |                        |                         |                 |                            |                           |  |
| ORLANDO  | , FL 32000  |   | Ci                 |  |   |                        |                         |                 | Zip Code                   |                           |  |
|  |   |   |                    |  |   |                        |                         | F               | L                          |                           |  |
| the obligat  | named entity submits this statement fi<br>ions of registered agent. | or the purpose of changing its          | registere          | ed office or regi                                  | jistere                                     | d agent, or bo         | ith, in the State of Fl | lorida. Lar     | n familiar with,           | and accept .              |  |
| SIGNATURE_   | Signature, typed or printed name of registered agen                 | t and title it applicable. (NCTS        | E: Registere       | d Agent signature ren                              | nşuked w                                    | when reinstating)      |                         | DATE            |                            |                           |  |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2005 Fee will be \$550            | 9. Élection Campai<br>Trust Fund Cont   |                    |  | <b>\$5.0</b><br>Adde                        | DO May Be<br>d to Fees |                         |                 |                            |                           |  |
| 10.  | , OFFICERS AND  | _                                       | 11.                |  |   | ADDITIONS              | /CHANGES TO OF          | FICERS AN       | D DIRECTORS                | 3 IN 11                   |  |
| NAME   | D SERVER DE G   | Delete                                  | MU                 |  |   |                        |                         |                 | Change                     | Addition Addition         |  |
| STREET ADDRESS   | 6620 CANTERLEA DRIVE  |   | NAM<br>STRE        | ET ADDRESS   |   |                        |                         |                 |                            |                           |  |
| CITY-ST-2IP  | ORLANDO, FL 32818   |   | CITY               | -ST-ZIP  |   |                        |                         |                 |                            |                           |  |
| TITLE  | D   | ☐ Delete                                | TITL               |  |   |                        |                         |                 | ☐ Change                   | Addition                  |  |
| NAME   | WILSON, T A   |   | NAM                | I .  |   |                        |                         |                 |                            |                           |  |
| STREET ADDRESS   | 5929 SIR HENRY ROAD<br>ORLANDO, FL 32808                            |   |                    | ET ADDRESS<br>- ST-ZIP                             |   |                        |                         |                 |                            |                           |  |
| TULE   | S   | Delicie                                 | ITU                | /  | $\overline{}$                               |                        |                         |                 | Change                     | ☐ Addition                |  |
| NAME   | GORDON, ROLTAN  | Douc                                    | NAM                | s 7  | Ko  | HAN                    | GORDO                   | N               | <b>V</b> Z culcula         |                           |  |
| - STREET, ADDRESS  | 2881-TELESTAR AVE   | سامينية المحادات                        | 2122               | et admess 2  | 28  | 81-722                 | ESTAR A                 | yE-             |                            |                           |  |
| CITY-ST-ZIP  | ORLANDO, FL 32805   |   | CITY               | ·ST·7IP C  | OR.   | CANDO                  | , F) 32°                | 805             |                            |                           |  |
| TITLE<br>NAME  | T<br>ATTERBURY, NIGEL   | ☐ Delete                                | TITU               | I  |   |                        |                         |                 | Change                     | Addition                  |  |
| STREET ADDRESS   | 1087 ROYAL MARQUIS CR   |   | •                  | ET ADDRESS   |   |                        |                         |                 |                            |                           |  |
| CITY-ST-Z:F  | OCOEE, FL 34761   |   | CITY               | - ST - 71P   |   |                        |                         |                 |                            |                           |  |
| TITLE  | -   | ☐ Delete                                | TITU               |  |   |                        |                         |                 | Change                     | Addition                  |  |
| NAME   |   |   | NAM                | I  |   |                        |                         |                 |                            |                           |  |
| STREET ADDRESS<br>GITY-ST-Z:P                            |   |   |                    | ET ADDRESS<br>- ST- ZIP                            |   |                        |                         |                 |                            |                           |  |
| THE  |   | Delete                                  | 11111              |  |   | <del></del>            |                         |                 | Change                     | Addition                  |  |
| NAME   |   | LLL UCIBLE                              | NAM                | I  |   |                        |                         |                 | f <sup>m</sup> l Overigg   |                           |  |
| STREET ADDRESS   |   |   |                    | ET ADDRESS   |   |                        |                         |                 |                            |                           |  |
| GTY-ST-Z#  | rough that the information around and ad-                           | th this filling days and asset 4: 4-    | <b></b>            | -ST-7IP  | in C=                                       | tion 110 07/0          | MGs Cloude Children     | 16.00=          | outlife the Attent         |                           |  |
| I IZ. INBIBLY  | certify that the information supplied wit                           | io mis iona noes not cuasiv fo          | ING AYE            | mmuon stated i                                     | in Sec                                      | aion 119 07(3)         | um Pioricia Stabiles.   | THE PROPERTY OF | eron mat the ir            | notrostion.               |  |

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12. I hereby certify that the information supplied with this filing does not cutalify 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 60?, 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

4/15/05

Daytime Phone #