


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90005 048 \*\*\*150.00

<b>DOCUMENT # P96000084875</b>					
1. Entity Name <b>JOLLY ROGER GRILL, INC.</b>					
Principal Place of Business <b>23402 BACK BEACH ROAD PANAMA CITY BEACH FL 32413</b>			Mailing Address <b>23402 BACK BEACH ROAD PANAMA CITY BEACH FL 32413 US</b>		
2. Principal Place of Business		3. Mailing Address <b>123 BLUE MTN. ROAD</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>SEA CLIFFS UNIT #16</b>			
City & State		City & State <b>SANTA ROSA BEACH, FL</b>			
Zip	Country	Zip	Country	4. FEI Number <b>59-3407992</b>	
<b>32459</b>		<b>32459</b>	<b>WALTON</b>	Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>WATSON, FRANKLIN H 5365 E. CO. HWY 30-A STE 105 SANTA ROSA BEACH FL 32459</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DEVAUGHN, JAMES E III 23402 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH FL 32413	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DEVAUGHN, LORI J 23402 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH FL 32413	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>James E. DeVaughn III</i> <b>JAMES E. DeVaughn III</b>			Date <b>3-11-04</b> Daytime Phone # <b>850-233-6699</b>		



MOORE CR2E034 (11/03)

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