

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 22, 2004 08:00 AM
Secretary of State



DOCUMENT # P96000096510

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

Principal Place of Business

3800 KENNY DRIVE
SARASOTA, FL 34232

Mailing Address

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



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0707709

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

000000125901
04/23/04-80012-017 150.00

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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

4/12/04

561-743-2299

Date

Daytime Phone #