

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90050 038 \*\*\*150.00

**50010312**



<b>DOCUMENT # P97000006362</b>					
1. Entity Name SOUTH BEACH GRILL, INC.					
Principal Place of Business 45 CUBBEDGE ROAD SAINT AUGUSTINE, FL 32080			Mailing Address 45 CUBBEDGE ROAD SAINT AUGUSTINE, FL 32080		
2. Principal Place of Business <i>Same as above</i>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3422650	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCLEMORE, THEODORE 45 CUBBEDGE ROAD SAINT AUGUSTINE, FL 32080			7. Name and Address of New Registered Agent		
Name			Applied For		
Street Address (P.O. Box Number is Not Acceptable)			Not Applicable		
City			FL 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 <i>Theodore W. McPomoy</i>				DATE <i>1-28-05</i>	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCLEMORE, THEODORE W		NAME		
STREET ADDRESS	1 N TRIDENT PLACE		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP		
TITLE	SVTD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOERING, JOHN		NAME	SVTD DOERING, JOHN	
STREET ADDRESS	262 TRADE WINDS LANE		STREET ADDRESS	1085 CEDAR COVE DR	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32080		CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Theodore W. McPomoy</i>				DATE: <i>1-28-05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	