

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000023554		
1. Entity Name THE GRILL REFILL, INC.		

Principal Place of Business 3501 OLEANDER AVE FORT PIERCE FL 34982 US	Mailing Address 3501 OLEANDER AVE FORT PIERCE FL 34982 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

4. FEI Number 65-0735582		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAIGLE, DAVID P 2720 TALL PINE ST FORT PIERCE FL 34945		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 constituting) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May F Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	☐ Delete		TITLE		☐ Change	☐ Add
NAME	DAIGLE, DAVID P			NAME			
STREET ADDRESS	2720 TALL PINE ST			STREET ADDRESS			
CITY-ST-ZIP	FORT PIERCE FL 34945			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change	☐ Add
NAME	SCHANTZ, RODNEY D			NAME			
STREET ADDRESS	435 S.W. 10TH STREET			STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL 32962			CITY-ST-ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change	☐ Add
NAME	DAIGLE, PETER J			NAME			
STREET ADDRESS	3209 S LAKEVIEW CIRCLE APT 203			STREET ADDRESS			
CITY-ST-ZIP	FORT PIERCE FL 34949			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Add
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 exemptions contained in Section 119, 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 fee empowered.

SIGNATURE: *David P. Daigle* **David P. Daigle** 1-31-06 772 4685949