

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90050 017 ***150.00

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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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0735582**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAIGLE, DAVID P
2720 TALL PINE ST
FORT PIERCE FL 34945

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when substituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME: DAIGLE, DAVID P ☐ Delete
STREET ADDRESS: 2720 TALL PINE ST
CITY- ST- ZIP: FORT PIERCE FL 34945

NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY- ST- ZIP:

NAME: SCHANTZ, RODNEY D ☒ Delete
STREET ADDRESS: 435 S.W. 10TH STREET
CITY- ST- ZIP: VERO BEACH FL 32962

NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY- ST- ZIP:

NAME: DAIGLE, PETER J ☐ Delete
STREET ADDRESS: 3209 S LAKEVIEW CIRCLE APT 203
CITY- ST- ZIP: FORT PIERCE FL 34949

NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY- ST- ZIP:

NAME: ☐ Delete
STREET ADDRESS:
CITY- ST- ZIP:

NAME: ☐ Change ☐ Addition
STREET ADDRESS:
CITY- ST- ZIP:

NAME: ☐ Delete
STREET ADDRESS:
CITY- ST- ZIP:

NAME: ☐ Change ☐ Addition
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NAME: ☐ Delete
STREET ADDRESS:
CITY- ST- ZIP:

NAME: ☐ Change ☐ Addition
STREET ADDRESS:
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David P. Daigle

1/30/07 772 468 5949

Date

Daytime Phone #