## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 05, 2008 8:00 am Secretary of State

ANNUAL REPORT								Secretary or State					
DOCUMENT # P97000032207							2		05-05-200	8 90247 04	49 <b>***</b> 158	8.75	
Entity Name     ST. JOHN'S BAR & GRILLE, INC.													
ST. JOHN S BAR & GRILLE, INC.								4					
Principal Place of Business				ailing Address									
2485 NW HWY. 17-92				P.O. BOX 953815			`	•					
SANFORD, FL 32771				AKE MARY, FL 32795	-3815	•							
0 Day 1 1 D	1 - 1 F) -1	No Bo Bo W		NA-Was Asialas as									
2. Principal Place of Business - No P.O. Box #				3. Mailing Address						88311: <b>3</b> 8118.0 18518: 3181	<b>         </b>		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04242008	Chg-P	CR2E03	34 (12/06)		
City & State				Cily & State			4. FEI Numb 59-344			<del></del>	plied For t Applicable		
Zip Country				Zip	itry	5. Certificate of Status Desired \$8.75 Addition Fee Required							
	6. Name	and Address of Currer	nt Regis	tered Agent		N.		7. Name and	Address of Nev	Registered A	gent		
GUSTAFSON, JON P						Name							
956 LAKE ASHBY RD.					Street Address (P.O. Box Number is Not Acceptable)								
NEW SMYRNA BEACH, FL 32069												·	
*					City			FL	Zip Code	9			
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 requ								when constituted		DATE		<del></del>	
	Signature, typed	or provide name or registered age	ent and ane	r appacable (NOTE	:: negatere	d ydeut sidustnus u	equireo	when remarked		DATE			
FILE NOWIII FEE IS \$150.00 9. Election Campaign F After May 1, 2008 Fee will be \$550.00							\$5. Add	00 May Be ed to Fees		-		<b>-</b> .	
10.	1_	OFFICERS AN	D DIREC		11.			ADDITIONS	CHANGES TO C	FFICERS AND			
TITLE	P GUSTAFSON, JON P			Delete		TITLE NAME					☐ Change	Addition	
STREET ADDRESS						EET ADDRESS							
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 3206					-ST-ZIP				<del></del>			
TITLE NAME	·			☐ Delete	TITLE NAME						Change	☐ Addition	
STREET ADDRESS						EET ADDRESS							
CITY-ST-ZIP						-ST-ZIP							
TITLE NAME				☐ Delete	TITLI						☐ Change	Addition	
STREET ADDRESS						EET ADDRESS							
CITY-ST-ZIP					CITY	'-ST-ZIP							
TITLE NAME				☐ Delete	TITU NAM						☐ Change	☐ Addition	
STREET ADDRESS						EET ADDRESS							
CHTY-\$1-ZIP					CITY	'- \$1- ZIP					···········		
TITLE				☐ Delete	IIIU						☐ Change	☐ Addition	
NAME STREET ADDRESS					NAM STRE	EET ADDRESS							
CITY-SI-ZIP						· ST - ZIP							
TIFLE				☐ Delete	THE					-	☐ Change	Addition	
NAME STREET ADDRESS					NAM Stre	EET ADDRESS						İ	
CITY-SI-ZIP						-ST-ZIP							

12. I hereby certily that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

GNATURE AND THESE OR PRINTED NAME OF JUNING OFFICER OR DIRECT

4/28/08

407-322-3108

Daytime Phone #