## **2006 FOR PROFIT CORPORATION**

## Feb 27, 2006 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # P97000036234 02-27-2006 90111 004 \*\*\*150.00 SARGE'S VILLAGE TAVERN, INC. Principal Place of Business Mailing Address 5263 NOVA ROAD 5263 NOVA ROAD PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 01242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3461696 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TROUP, ROBERT G DO NOT WRITE 4343-A RIDGEWOOD AVE PORT ORANGE, FL 32127-4522 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 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PSTD** TITLE GRANT, PATRICIA E NAME STREET ADDRESS 149 SAND PEBBLE CIRCLE PORT ORANGE, FL 32119 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO"NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify 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. Patricia Grant, PSTD 01/24/2006

CITY-ST-ZIP

SIGNATURE:

(386) 760-0287

FILED