

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90088 013 ***150.00

DOCUMENT # P97000102622

1. Entity Name

SOUTHBRIDGE RESTAURANT COMPANY



Principal Place of Business

**1500 STICKNEY PT RD
#601
SARASOTA FL 34231
US**

Mailing Address

**6101 MIDNIGHT PASS ROAD
SARASOTA FL 34242**

2. Principal Place of Business

3. Mailing Address

1514 Stickney Pt. Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sarasota, FL

Zip

Country

Zip

Country

34231

Sarasota

4. FEI Number

65-0800818

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERREAULT, GEORGE

**6101 MIDNIGHT PASS ROAD
SARASOTA FL 34242**

Name

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

1514 Stickney Point Rd

City

Sarasota

FL

Zip Code

34231

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

George Perreault

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

(NOTE: Registered Agent signature required when re-stating)

4-27-6

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 Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME PERREAULT, GEORGE C
STREET ADDRESS 6101 MIDNIGHT PASS ROAD
CITY-ST-ZIP SARASOTA FL 34242

TITLE ☒ Change ☐ Addition
NAME **1514 STICKNEY PT RD**
STREET ADDRESS **SARASOTA, FL 34231**
CITY-ST-ZIP

TITLE S ☐ Delete
NAME CALDWELL, MCHAEAL
STREET ADDRESS 6101 MIDNIGHT PASS RD.
CITY-ST-ZIP SARASOTA FL 34242

TITLE ☒ Change ☐ Addition
NAME **1514 STICKNEY PT RD**
STREET ADDRESS **SARASOTA, FL 34231**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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

George Perreault

4-27-6 9419230556

Date

Daytime Phone #