2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 12, 2005 8:00 am Secretary of State 07-12-2005 90037 032 ***150.00

DOCUMENT # P98000002849 1. Entity Name GARDNER RESTAURANT MANAGEMENT, INC.					07-12-2005 90037 032 ***150.00					
Principal Place of Business Mailing Address					S0025812					
THE TIDES @ 550 TOPSL E DESTIN, FL 3	BEACH BLVD., #1205	THE TIDES @ TOPSL 550 Topsl Beach Blvd., #1205 Destin, FL 32550 US		1 1 68 (1881 118 18	ar edili Balir amer amer			11 111111		
2. Principal Place of Business 3. Mailing Address 23.7 So			57 th							
Suite, Apt. #, etc. Suite, Apt. #, etc.				_	07062005	Chg-P	CR2E03	4 (10/03)		
Miramar Blach FL Fort Smith			AR		4. FEI Number 59-34866	811		Not	olied For Applicable	
32550 USA 72903 U			ountry LSA		5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name										
PERRI, DANIEL C #4ELENENTH AVE. SHALIMAR, FL 32579				Street Address (P.O. Box Number is Not Acceptable)						
					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										
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees Corporation did not receive the prior no						S., the otice.				
10.	OFFICERS AND D		11.		ADDITIONS/CI	IANGES TO OFFI	CERS AND	DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, JERRY D 550 TOPSL BEACH BLVD. #1205 DESTIN, FL 32550		NAME STREET ADDRESS CITY-ST-ZIP	Mir	amer Be	ach FL 3		⊠ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP					□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	,		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP				:	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
12. I hereby indicated	certify that the information supplied with I on this report or supplemental report is	this filing does not qualify for the true and accurate and that my si	ignature shall ha	ave the s	same legal effect a	Florida Statutes. I	I further certi path; that I ar	fy that the in	formation or director	

GNATURE:

GNATURE:

GNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _