## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000088496

Entity Name: DELRAY TAVERN CORP.

ELLSWORTH, GARY

222 CLEMATIS, SUITE 204

WEST PALM BEACH, FL 33401

Name:

Address:

City-St-Zip:

FILED Jan 04, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** CITY OYSTER 213 E. ATLANTIC AVE DELRAY BEACH, FL 33444 US **New Mailing Address: Current Mailing Address:** 222 CLEMATIS STREET SUITE 204 WEST PALM BEACH, FL 33401 US FEI Number: 65-0874315 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HERBST, TODD A 222 CLEMATIS STREET SUITE 204 WEST PALM BEACH, FL 33401 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition HERBST, TODD Name: Name: 222 CLEMATIS, SUITE 204 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: HERBST, DOUGLAS Name: 222 CLEMATIS, SUITE 204 Address: Address: WEST PALM BEACH, FL 33401 City-St-Zip: City-St-Zip: Title: Title: SD ( ) Delete () Change () Addition WATSON, BILL Name: Name: 222 CLEMATIS, SUITE 204 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: TODD HERBST PRES 01/04/2005