

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90247 020 \*\*\*150.00

**DOCUMENT # P99000005343**

1. Entity Name  
**SOUTHSIDE ALE HOUSE AND RAW BAR, INC.**



Principal Place of Business  
**9711 DEER LAKE CT  
JACKSONVILLE, FL 32216 US**

Mailing Address  
**612 N. ORANGE AVE., STE. C-6  
JUPITER, FL 33458**

**14009182**



2. Principal Place of Business  
**612 N. Orange Ave.**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite C-6**

Suite, Apt. #, etc.

City & State  
**Jupiter, Florida**

City & State

Zip  
**33458**

Country  
**USA**

Zip

Country

04252005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0885399**

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

**MILLER, JOHN W  
612 N. ORANGE AVE., STE. C-6  
JUPITER, FL 33458**

Name

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

City

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MILLER, JOHN W  
612 N ORANGE AVE STE C-6  
JUPITER, FL 33458** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation, or the recipient, 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:**

*John W. Miller*  
**JOHN W. MILLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/05**

Date

**561-743-2299**

Daytime Phone #