

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000048861

1. Entity Name
FLAGLER AVENUE BAR & GRILL, INC.



Principal Place of Business
414 FLAGLER AVE.
NEW SMYRNA BEACH, FL 32169

Mailing Address
P O BOX 2339
NEW SMYRNA BEACH, FL 32169

FILED
Aug 13, 2004 08:00 AM
Secretary of State



07272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3579186 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EVERSHED, JOHN
414 FLAGLER AVE.
NEW SMYRNA BEACH, FL 32169

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EVERSHED, JOHN
STREET ADDRESS	414 FLAGLER AVE.
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	D
NAME	BYERS, ROBERT
STREET ADDRESS	414 FLAGLER AVE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	D
NAME	BYERS, KATHLEEN
STREET ADDRESS	414 FLAGLER AVE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000170038
08/13/04-80002-003 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Kathleen M Byers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-27-04 (386)426-2080
Date Daytime Phone #