


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

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**



02122008 No Chg-P CR2E034 (11/05)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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	

DO NOT WRITE IN THIS SPACE

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 03/28/06-0017-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Kathleen M Byers **3-4-06 386-424-2080**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR City Daytime Phone #