

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000048861

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** FLAGLER AVENUE BAR & GRILL, INC.

**Current Principal Place of Business:**

414 FLAGLER AVE.  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2339  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

FEI Number: 59-3579186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: EVERSHED, JOHN  
Address: 414 FLAGLER AVE.  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D  
Name: BYERS, ROBERT  
Address: 414 FLAGLER AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D  
Name: BYERS, KATHLEEN  
Address: 414 FLAGLER AVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby 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 all other like empowered.

SIGNATURE: JOHN EVERSHED

RA

04/21/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date