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### 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P99000111583

1. Entity Name

NAUTICAL SPIRITS BAR & GRILL, INC.



FILED Apr 16, 2007 08:00 A Secretary of State

Principal Place of Business

2700 HARBORTOWN DR. MERRITT ISLAND, FL 32952 Mailing Address

1350 DEMITASSE AVE MERRITT ISLAND, FL 32952



### DO NOT WRITE IN THIS SPACE

04112007 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3617436

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, REBECCA S 1350 DEMITASSE AVE MERRITT ISLAND, FL 32952

# 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 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, 2007 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	ing 📮	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, REBECCA S 1350 DEMITASSE AVE MERRITT ISLAND, FL 32952		-		000000709987 04/25/07-80026-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, CHISTOPHER P 1350 DEMITASSE AVE MERRITT ISLAND, FL 32952				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	And the state of t			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP				IN "	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EBECCA HAMILTON 4/8/07 321-452-50

Daytime Phone #