2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2006 08:00 AN Secretary of State

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DUGL			\mathbf{U}	17

1. Entity Name

PALM BEACH ALE HOUSE AND RAW BAR, INC.



Principal Place of Business

Mailing Address

2161 PALM BEACH LAKES BLVD.

2161 PALM BEACH LAKES BLVD. SUITE 403

SUITE 403 SUIT W. PALM BEACH, FL 33409 W. P

W. PALM BEACH, FL 33409



DO NOT WRITE IN THIS SPACE

02242006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S5-0285227 Not Applied For Not Applied For Not Applicable \$8.75 Additional

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIGNATURE AN

ED OB FRINTED NAME OF SIGNING OFFICER OR DIRECT

PREEFER, JAY C. 2161 PALM BEACH LAKES BLVD. SUITE 403 W. PALM BEACH, FL 33409

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registered	office or i	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_		·		L No.		
	Signature, typed or printed name of registered agent and title a	fapplicable (NOTE Registered A	gent signatur	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financi Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TÖRS				
THTLE NAME STREET ADDRESS CITY-ST-ZIP	DP PREEFER, RICHARD 2161 PALM BEACH LAKES W. PALM BEACH, FL			U00000519917 05/02/06-80073-011 150.00		
TITLE NAME STREET ADDRESS CITY ST-ZIP	DV PREEFER, JAY C 2161 PALM BEACH LAKES W. PALM BEACH, FL				บร/บ2/06-800/3-011 150.00	
title Name Street Address City-St-Zip				DO	NOT WRITE	
IITLE NAME STREET ADDRESS CITY - ST - ZIP		_		IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY -ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 path; 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.						