2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S61528

1. Entity Name
CLOYDE'S STEAK & LOBSTER CORPORATION

Principal Place of Business

4050 GULF SHORE BLVD.
NAPLES, FL 33940

Mailing Address

4050 GULF SHORE BLVD.
NAPLES, FL 33940

DO NOT WRITE IN THIS SPACE

01062005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0270186	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PATE, ERIC C
4050 GULF SHORE BLVD., NORTH
NAPLES, FL 33940

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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, 2005 Fee will be $550.00

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

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H00000181325
01/14/05-80042-023  150.00
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10.   OFFICERS AND DIRECTORS

TITLE	PSTD	
NAME	PATE, ERIC	
STREET ADDRESS	4050 GULFSHORE BLVD. N.	
CITY-ST-ZIP	NAPLES, FL	
TITLE	D	
NAME	JEANGUENAT, JEANNE	
STREET ADDRESS	4050 GULF SHORE BLVD. N.	
CITY-ST-ZIP	NAPLES, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 119.07(3)(i), 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: _Jeanne Jeanguenat_ - JEANNE JEANGUENAT   1-1-05   239-261-5034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #