# 2004 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

### **ANNUAL REPORT**

#### **DOCUMENT # V38545**

1. Entity Name

PEARL'S RESTAURANT & LOUNGE, INC.

Principal Place of Business

618 W. LANTANA RD. LANTANA, FL 33462 Mailing Address

6197 PINE DR. LANTANA, FL 33462

## **FILED** Jan 16, 2004 08:00 AM Secretary of State



01122004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0345740

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDEAVITT, GARY E **6197 PINE DR** LANTANA, FL 33462

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8. The above the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	th, in the State of Florida. I am lamiliar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title is	l'applicable (NOTE Registered /	Agent signature	required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign in Trust Fund Contribution			ing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET AODRESS CITY-ST-ZIP	P SOUTHWORTH, PEARL H. 6197 PINE DR. LANTANA, FL				000000006302 01/16/04-80026-017 150.00		
THEE NAME STREET ADDRESS CHY-SI-ZIP	MP OL/15/U4-8UU25-U1 ( MCDEAVITT, GARY E. 6197 PINE DR. LANTANA, FL				01/16/04-80026-017 150.00		
TITLE NAME STREET ADDRESS CHY-ST-ZIP			DO NOT WRITE IN THIS SPACE				
HILE NAME STREET ADDRESS CHTY-ST-ZIP							
THEE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE					•		

12. I hereby certify that the information supplied with this filling 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 path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this ereport 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:

STREET ADDRESS CITY-ST-ZIP