

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 08:00 AM
Secretary of State

DOCUMENT # V44342
 1. Entity Name
LAMP POST BAR AND GRILL, INC.



Principal Place of Business Mailing Address
 % EDWARD J. PRINGLE
 6567 S. MILITARY TRAIL
 LAKE WORTH FL 33463 % EDWARD J. PRINGLE
 6567 S. MILITARY TRAIL
 LAKE WORTH FL 33463

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0336315** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
PRINGLE, EDWARD J.
6567 S. MILITARY TRAIL
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	NAME PRINGLE, EDWARD J. STREET ADDRESS 6567 S. MILITARY TRAIL CITY - ST - ZIP LAKE WORTH FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY - ST - ZIP
TITLE VP <input type="checkbox"/> Delete	NAME 8PRINGLE, CAROL L STREET ADDRESS 7146 THOMPSON RD CITY - ST - ZIP BOYNTON BEACH FL 33426	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY - ST - ZIP 1100000234306 02/18/05-80015-015 150.00
TITLE ST <input type="checkbox"/> Delete	NAME PRINGLE, FAYE STREET ADDRESS 4395 REDDING ROAD CITY - ST - ZIP BOYNTON BEACH FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY - ST - ZIP
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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: *Carol L. Pringle* **CAROL L. PRINGLE** 2-16-05 *561-967-4373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #