2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 14, 2004 08:00 AM **Secretary of State DOCUMENT # V44639** 1. Entity Name FINNEGAN'S TO-JO PUB, INC. Principal Place of Business Mailino Address P. O. BOX 1855 101 N. HWY. A1A FLAGLER BCH., FL 32136 FLAGLER BCH., FL 32136 US No Chg-P CR2E034 (10/03) 07062004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3128179 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FINNEGAN, TIMOTHY N 329 N 11TH ST FLAGLER BEACH, FL 32136 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) CATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. PVPT TITLE FINNEGAN, TIMOTHY N NAME UNNON166214 STREET ADDRESS 329 NORTH 11TH STREET 97/14/04-80008-001 158.75 FLAGLER BEACH, FL 32136 CITY-ST-ZIP TITLE FINNEGAN, TIMOTHY N NAME STREET ADDRESS 329 NORTH 11TH STREET CITY-ST-ZIP FLAGLER BEACH, FL 32136 TITLE NAME STREET ADDRESS DO NOT WRITE C!TY-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 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Timothy N. Finnegan

(386) 439-7755

FILED