


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State


05-20-2005 90033 044 ***150.00

DOCUMENT # V47306 1. Entity Name POSEY'S OYSTER BAR, INC.	
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Principal Place of Business 55 RIVERSIDE DR ST MARKS, FL 32355	Mailing Address PO BOX 112 ST MARKS, FL 32355
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2. Principal Place of Business 12516 STATE ROAD 24	3. Mailing Address PO BOX 54
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CEDAR KEY FL	City & State CEDAR KEY FL
Zip 32625	Zip 32625
Country LEVY	Country LEVY

	
05172005	Chg-P CR2E034 (10/03)
4. FEI Number 59-3131617	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BECKHAM, NANCY S 55 RIVERSIDE DR ST MARKS, FL 32355	
7. Name and Address of New Registered Agent Name BECKHAM, DONALD F. Street Address (P.O. Box Number is Not Acceptable) 12516 STATE ROAD 24 City CEDAR KEY FL Zip Code 32625	

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 <i>Michelle K. Beckham</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<i>Donald F. Beckham</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE 5/17/05

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKHAM, DONALD F 55 RIVERSIDE DR ST MARKS, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKHAM, DONALD F. 12516 STATE ROAD 24 CEDAR KEY FL 32625 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKHAM, NANCY S 55 RIVERSIDE DR ST MARKS, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHELLE K BECKHAM 12516 STATE ROAD 24 CEDAR KEY FL 32625 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Donald F. Beckham</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 5/17/05 Daytime Phone # 352-543-9661
<i>Michelle K. Beckham</i>	

ATTACHMENT

40085006
V47306

May 17, 2005

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Dear Sir(s):

Please find enclosed our 2005 UBR, Document # V47306. The current information online is incorrect. I attempted to change this information online, but when I selected the form to print, it still contained the incorrect information. I have made the changes by hand on the form enclosed. We never received our form in the mail and are requesting the late fee be waived. I have enclosed a check for the usual \$150.00 fee and if this is acceptable, I would appreciate acknowledgement from your department. Would you also make the appropriate changes to the information on your end? I cannot seem to get my computer to keep the changes I enter!

Thank you for your attention in this matter and if you have any questions, you may reach us at (352) 543-9661 or email: mikki54@inetw2.net.

Sincerely,

Michelle K. Beckham
Donald F. Beckham

Michelle K. Beckham
Donald F. Beckham