

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # V57108 1. Entity Name SMUGGLERS BAY RESTAURANT LOUNGE, INC.																									
Principal Place of Business 1734 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442			Mailing Address 1734 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442																						
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																						
City & State			City & State																						
Zip		Country		Zip																					
Country		Zip		Country																					
6. Name and Address of Current Registered Agent EGGLETON, JAMES 1734 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																					
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.				4. FEI Number 65-0347833 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																									
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div> 10. OFFICERS AND DIRECTORS </div> </div>																									
<div style="display: flex; justify-content: space-between;"> <div> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 </div> <div> 9. Election Campaign Financing </div> </div>																									
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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)(f), 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 changed, or on an attachment with an address, with all other like empowered.																									
SIGNATURE: <i>James R Eggleton</i> James R Eggleton 2/17/05																									



1st MOORE CR2E034 (10/04)

FL

Zip Code

954 421 61