

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000067721

FILED  
Jun 22, 2009  
Secretary of State

Entity Name: BAR & RESTAURANT MANAGEMENT COMPANY

**Current Principal Place of Business:**

6 CALLIE DOS  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

1475 WINTON ROAD  
MT. PLEASANT, SC 29466

**New Mailing Address:**

FEI Number: 59-3600710      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REED, JAMES W  
6 CALLIE DOS  
KEY WEST, FL 33040      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: REED, JAMES W  
Address: 6 CALLIE DOS  
City-St-Zip: KEY WEST, FL 33040

Title: DST ( ) Delete  
Name: GUNTHER, KERRY D  
Address: 17074 KINGFISH LANE WEST  
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: DVP ( ) Delete  
Name: GUNTHER, JEFF  
Address: 17074 KINGFISH LANE WEST  
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: DVP ( ) Delete  
Name: REED, MARY M  
Address: 3054 PIGNATELLI CRESCENT  
City-St-Zip: MT. PLEASANT, SC 29466

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: REED, MARY M  
Address: 1475 WINTON ROAD  
City-St-Zip: MT. PLEASANT, SC 29464

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W REED

DP

06/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date