

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # 345142

1. Entity Name
DAVGAR RESTAURANTS, INC.



Principal Place of Business

601 NORTH NEW YORK AVENUE
PO BOX 201
WINTER PARK, FL 32790-2066

Mailing Address

601 NORTH NEW YORK AVENUE
POST OFFICE BOX 2066
WINTER PARK, FL 32790-2066



01272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1267205

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SALTSMAN, ROBERT
222 W. COMSTOCK AVE
SUITE 210
WINTER PARK, FL 32789

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000051523
02/16/04-80055-004 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GARCIA, MANUEL A. III
STREET ADDRESS 601 N. NEW YORK AVE.
CITY-ST-ZIP WINTER PARK, FL

TITLE V
NAME BARKETT, RUSSELL
STREET ADDRESS 601 N. NEW YORK AVE.
CITY-ST-ZIP WINTER PARK, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-12-04 407474300

Date

Daytime Phone #