2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 501901

1. Entity Name
SPRUCE CREEK RESTAURANT, INC.

Principal Place of Business	Mailing Address
5791 TAYLOR BRANCH BLVD PORT ORANGE, FL 32127 US	5791 TAYLOR BRANCH BLVD PORT ORANGE, FL 32127 US

01112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2037129
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TSALAKIS, MARIO
5791 TAYLOR ROAD
PT ORANGE, FL 32124

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 X Mario Tsolakis
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

U00000058467
02/20/04-80030-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TSOLAKIS, MARIOS
STREET ADDRESS	905 CHICKADEE DR
CITY-ST-ZIP	PT. ORANGE, FL
TITLE	D
NAME	TSOLAKIS, DINA
STREET ADDRESS	905 CHICKADEE DR
CITY-ST-ZIP	PT. ORANGE, FL
TITLE	T
NAME	TSOLAKIS, NICHOLAS P
STREET ADDRESS	905 CHICKADEE DRIVE
CITY-ST-ZIP	PORT ORANGE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: X Mario Tsolakis 2/18/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #