

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 839164

1. Entity Name
ROBROY RESTAURANTS, INC.



Principal Place of Business Mailing Address
1663 MOUND STREET 1663 MOUND STREET
SARASOTA, FL 34236 SARASOTA, FL 34236



03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
36-2589857 Not Applicable

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

6. Name and Address of Current Registered Agent

FURMAN, ROBERT G
1663 MOUND ST
SARASOTA, FL 34236

**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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000325832

04/23/05-80031-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FURMAN, ROBERT G 1663 MOUND STREET SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TISHLER, LOUIS B. JR. 200 S. WACKER, STE 2600 CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARTIK, GEORGE 1 RIVERSIDE RD., #2A RIVERSIDE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FURMAN, BETTY 4214 HIGEL AVENUE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, KIMBERLY 1663 MOUND ST SARASOTA, FL
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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05 941-365-7891
Date Daytime Phone #