2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # H72044 1. Entity Name FILED ANGÉLO'S SEAFOOD RESTAURANT, INC. 04 APR 26 AM 8: 18 Principal Place of Business Mailing Address SECRETARY OF STATE U.S. HIGHWAY 319 AT OCHLOCKNEE BRIDGE U.S. HIGHWAY 319 AT OCHLOCKNEE BRIDGE P 0 BOX 159 P 0 B0X 159 TALLAHASSEE, FLORIDA PANACEA, FL 32346 PANACEA, FL 32346 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04262004 Chg-P City & State City & State 4. FEI Number Applied For 59-2583926 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETRANDIS, ARLINE S. Street Address (P.O. Box Number is Not Acceptable) ANGELOS SEAFOOD RESTAURANT US 98 PANACEA FL 32346 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition PETRANDIS, ANGELO NAME NAME STREET ADDRESS P O BOX 158 N/A STREET ADDRESS CITY-ST-7IP PANACEA, FL CITY-ST-ZIP ☐ Delete TITLE TITLE PETRANDIS, ARLINE S. NAME NAME STREET ADDRESS P O BOX 158 N/A STREET ADDRESS CITY-ST-ZIP PANACEA, FL CITY - ST - ZIP ☐ Change ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 promite empowered.

Daytime Phone