
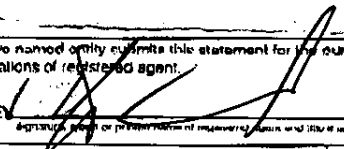
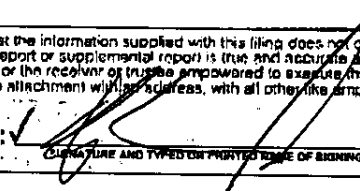


FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90087 025 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H93685			
1. Entity Name NARVERUD RESTAURANT SYSTEMS, INC.			
Principal Place of Business 2128 MARINER BLVD SPRING HILL, FL 34609 US		Mailing Address 6252 COMMERCIAL WAY PMB 202 WEEKI WACHEE, FL 34613 US	
2. Principal Place of Business 8385 NORTHCLIFFE BLVD. State, Apt. #, etc.		3. Mailing Address 8385 NORTHCLIFFE BLVD. State, Apt. #, etc.	
City & State SPRING HILL, FL		City & State SPRING HILL, FL	
Zip 34606		Country USA	
4. Fbi Number 59-2828659		Applied Fee Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NARVERUD, MARTY 6252 COMMERCIAL WAY PMB 202 WEEKI WACHEE, FL 34613		7. Name and Address of New Registered Agent Name: NARVERUD, MARTY Street Address (P.O. Box Number (a Not Acceptable)) 8385 NORTHCLIFFE BLVD City: SPRING HILL FL Zip Code: 34606	
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:  MARTY NARVERUD DATE: 4-12-04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PO NARVERUD, MARTIN P. PMB #202 6252 COMMERCIAL WAY WEEKI WACHEE, FL 34613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PO NARVERUD, MARTY 8385 NORTHCLIFFE BLVD. SPRING HILL, FL 34606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP NARVERUD, ELIZABETH A PMB #202 6252 COMMERCIAL WAY WEEKI WACHEE, FL 34613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD NARVERUD, ELIZABETH A. 8385 NORTHCLIFFE BLVD. SPRING HILL, FL 34606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	M LA ROCHE, RONALD E PMB #202 6252 COMMERCIAL WAY WEEKI WACHEE, FL 34613 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	M KITTLE, ROBERT C PMB #202 6252 COMMERCIAL WAY WEEKI WACHEE, FL 34613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	M KITTLE, ROBERT C. 8385 NORTHCLIFFE BLVD. SPRING HILL, FL 34606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	M BOURASSA, SUSAN K PMB #202 6252 COMMERCIAL WAY WEEKI WACHEE, FL 34613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	M BOURASSA, SUSAN K. 8385 NORTHCLIFFE BLVD. SPRING HILL, FL 34606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 the officer, with all other like empowered.			
SIGNATURE: 		MARTY NARVERUD 4-12-04 352-666-6774	