

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 09, 2004 8:00 am
Secretary of State

05-06-2004 90173 031 ***150.00

DOCUMENT # J27642	
1. Entity Name RTT-BENNY'S ON THE BEACH, INC.	

Principal Place of Business 10 OCEAN AVE LAKE WORTH FL 33460	Mailing Address 10 OCEAN AVE LAKE WORTH FL 33460
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent FRANKLIN, ELLIOTT 2777 S. CONGRESS AVE LAKE WORTH FL 33461

66427390



MOORE CR2E034 (11/03)

4. FEI Number 59-2757791	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

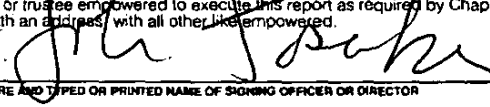
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TSAKON, JOHN	NAME	
STREET ADDRESS	10 OCEAN AVE	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	THANOPOULOUS, PETER	NAME	
STREET ADDRESS	10 OCEAN AVE	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33460	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 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: 	DATE _____	Daytime Phone # _____
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