

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90357 035 \*\*\*150.00

<b>DOCUMENT # P03000117290</b> 1. Entity Name <b>THE RUSTY WENCH SEAFOOD SHACK, INC.</b>			
Principal Place of Business <b>959 MAIN ST DUNEDIN, FL 34698</b>		Mailing Address <b>959 MAIN ST DUNEDIN, FL 34698</b>	
2. Principal Place of Business <b>937 DODECANESE AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.	
City & State <b>TARPON SP6S</b>		City & State <b>TARPON SP6S</b>	
Zip <b>34689</b>		Country <b>USA</b>	
4. FEI Number <b>65-1206480</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRANDT, MARK W 959 MAIN ST DUNEDIN, FL 34698</b>		7. Name and Address of New Registered Agent Name <b>JULIE ANN RUSSELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>616 ISLAND DR</b> City <b>TARPON SP6S</b> <b>FL</b> Zip Code <b>34689</b>	
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 <u><i>Julie Ann Russell</i></u> DATE <u>4/28/04</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing - <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>Pres</b> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>JULIE ANN RUSSELL</b> STREET ADDRESS <b>616 ISLAND DR</b> CITY-ST-ZIP <b>TARPON SP6S, FL 34689</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <b>SEC/TRES</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>JOHN C RUSSELL, JR</b> STREET ADDRESS <b>616 ISLAND DR</b> CITY-ST-ZIP <b>TARPON SP6S FL 34689</b>		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: <u><i>Julie Ann Russell</i></u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Julie Ann Russell</u> Date <u>4/28/04</u> 727 Daytime Phone # <u>942-4596</u>	