


**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90357 042 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|   |  |   |  |
|---|--|---|--|
| <b>DOCUMENT # P03000081134</b>  |  |    |  |
| 1. Entity Name<br><b>SAVVY JACK'S SOUTHERN GOURMET OF TEMPLE TERRACE, INC.</b>  |  |   |  |
| Principal Place of Business<br><b>11401 N. 56TH STREET<br/>TERRACE OAKS PLAZA<br/>TEMPLE TERRACE, FL 33617 US</b>   |  | Mailing Address<br><b>11401 N. 56TH STREET<br/>TERRACE OAKS PLAZA<br/>TEMPLE TERRACE, FL 33617 US</b>                                   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |  |
| City & State  |  | City & State  |  |
| Zip   |  | Zip   |  |
| Country   |  | Country   |  |
| 4. FEI Number<br><b>90-0099847</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><b>DAON, ROGER<br/>4714 NORTH HABANA<br/>APT#1914<br/>TAMPA, FL 33614</b>  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br>SIGNATURE <u><i>Roger Daon</i></u> <b>ROGER DAON</b> <b>4-26-04</b><br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><b>P<br/>DAON, ROGER<br/>4714 NORTH HABANA<br/>TAMPA, FL 33614</b> <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><b>S<br/>DAON, NICOLE<br/>4714 NORTH HABANA<br/>TAMPA, FL 33614</b> <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br><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 an address, with all other like empowered. |  |   |  |
| SIGNATURE: <u><i>Nicole Daon</i></u> <b>NICOLE DAON</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | <b>4/26/04</b> (813) 944-8804<br>Date Daytime Phone #   |  |