

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90409 035 ***150.00

DOCUMENT # 340254

1. Entity Name

ANGELO'S ITALIAN RESTAURANT, INC.



Principal Place of Business

2111 UNIVERSITY BOULEVARD, NORTH
JACKSONVILLE FL 32211

Mailing Address

2111 UNIVERSITY BOULEVARD, NORTH
JACKSONVILLE FL 32211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1227493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, C V
2111 UNIVERSITY BLVD. N.
JACKSONVILLE FL 32211

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE DP
NAME ANDERSON, C V
STREET ADDRESS 5441 SELTON AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Delete

TITLE D
NAME BLACKBURN, A.B., JR.
STREET ADDRESS 1921 DEWEY PLACE
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE VT
NAME FANN, SANDY G
STREET ADDRESS 1245 OAKWOOD LN
CITY-ST-ZIP JACKSONVILLE FL 32259 ☐ Delete

TITLE S
NAME MAYERLAND, BRENDA J
STREET ADDRESS 6503 HASLETT ST
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *C.V. Anderson* / **C.V. ANDERSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-04
Date

904 743 3400
Daytime Phone #