

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 454757

1. Entity Name
JACK'S OLD FASHION HAMBURGER HOUSE, INC.



Principal Place of Business
**4201 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308**

Mailing Address
**4201 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308**

FILED
Feb 24, 2004 08:00 AM
Secretary of State



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1644430

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BIRR, JAMES O. JR.
5100 N. FEDERAL HWY.
FORT LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000064235
02/24/04-80005-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERRY, JACK M. 5750 NE 20TH TERR FORT LAUDERDALE, FL 333082429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GLUTH, JEFF 3311 N.W. 47 AVE. COCONUT CREEK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/04 491-5179 (954)