2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # 508231** 05 MAY -6 AM 11: 48 D & S RESTAURANT EQUIPMENT COMPANY SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7640 MATOAKA ROAD 7640 MATOAKA ROAD SARASOTA, FL 34243 SARASOTA, FL 34243 01142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-1685135 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROWN, PHILLIP R DO NOT WRITE 640 N BRINK AVE SARASOTA, FL 34237 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 event and title if applicable. (NOTE: Registered Agent signsture required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BROWN, DARRELL J NAME 100054012931 05/06/05--01063--002 \*\*550.00 STREET ADDRESS 640 N. BRINK AVE. SARASOTA, FL CITY-ST-ZIP ST TITLE BROWN, DOCIA STREET ADDRESS 640 N. BRINK AVE. CITY-ST-ZIP SARASOTA, FL 34237 TITLE BROWN, PHILLIP R NAME STREET ADDRESS 640 N BRINK AE DO NOT WRITE CITY - ST - ZIP SARASOTA, FL 34237 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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), Fiorida 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: 1