2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 516287

Entity Name: BILL IRLE RESTAURANT, INC.

FILED Feb 11, 2004 Secretary of State

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Current Principal Place of Business:			New Princ	New Principal Place of Business:	
1310 N. FORT HARRISON AVENUE CLEARWATER, FL 33755					
Current Mailing Address:			New Maili	New Mailing Address:	
1310 N. FORT HARRISON AVENUE CLEARWATER, FL 33755					
FEI Number: 59-1692332 FEI Number Applied For () FEI Nu			El Number Not Appl	mber Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
IRLE, WIELAND 1310 N. FORT HARRISON AVENUE CLEARWATER, FL 33755					
The above in the State	named entity s of Florida.	ubmits this statement for the purp	ose of changing it	ts registered office or registered agent, or both,	
SIGNATURE:					
Electronic Signature of Registered Agent Date					
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () IRLE, WIELAND 1402 N FORT H CLEARWATER,	ARRISON AVE	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition IRLE, WIELAND, 1402 N FORT HARRISON AVE CLEARWATER, FL 33755 US	
Title: Name: Address: City-St-Zip:	ST () IRLE, YVONNE, 1402 N FORT H. CLEARWATER		Title: Name: Address: City-St-Zip:	VP (X) Change () Addition IRLE, YVONNE, 1402 N FORT HARRISON AVE CLEARWATER FL, FL 33755 US	
Title: Name: Address: City-St-Zip:	P () WILLAIM, IRLE 1402 N. FT. HAF CLEARWATER,		Title: Name: Address: City-St-Zip:	P (X) Change () Addition WILLAIM, IRLE 1402 N. FT. HARRISON AVE. CLEARWATER, FL 33755 US	
Title: Name: Address: City-St-Zip:	ST () LADD, MICHELL 1089 GLENWOO DUNEDIN, FL 3	DD DRIVE	Title: Name: Address: City-St-Zip:	ST (X) Change () Addition LADD, MICHELLE 1089 GLENWOOD DRIVE DUNEDIN, FL 34698 US	
Title: Name: Address: City-St-Zip:	VP (X) IRLE, WIELAND 1402 N. FT. HAF CLEARWATER,	RRISON AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (X) IRLE, YVONNE 1402 N. FT. HAF CLEARWATER,		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVONNE M. IRLE VP 02/11/2004