

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 550454

1. Entity Name
FORT WALTON RESTAURANT EQUIPMENT, INC.



Principal Place of Business
**106 PERRY AVENUE S.E.
FT. WALTON BCH, FL 32548**

Mailing Address
**106 PERRY AVENUE S.E.
FT. WALTON BCH, FL 32548**



01302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1782595

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FIFE, DEE L.
106 PERRY AVENUE S.E.
FT. WALTON BCH, FL 32548**

**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

U00000044611
02/11/04-80028-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVD
NAME	FIFE, DEE L.
STREET ADDRESS	106 PERRY AVENUE S.E.
CITY-ST-ZIP	FT WALTON BCH, FL
TITLE	STD
NAME	FIFE, FREDA J.
STREET ADDRESS	106 PERRY AVENUE S.E.
CITY-ST-ZIP	FT WALTON BCH, FL
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)(f), 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: Freda J. Fife Freda J. Fife Corp. Sec., Treas 7Feb. 2004 850-243-5624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #