

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 20, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # 655388**

1. Entity Name

**BEST WESTERN FAMILY STEAK HOUSE, INC.**



Principal Place of Business

**1301 MAIN ST  
CHIPLEY, FL 32428 US**

Mailing Address

**P. O. BOX 583  
CHIPLEY, FL 32428 US**



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number

**59-1999367**

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

**DAVIS, EDDIE  
4053A DORCH CIR  
VERNON, FL 32462**

**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**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME AUKEMA, ART  
STREET ADDRESS 3061 WOODREST RD  
CITY-ST-ZIP CHIPLEY, FL 00000,

TITLE VD  
NAME DAVIS, EDDIE  
STREET ADDRESS 4053 A DORCH CIR  
CITY-ST-ZIP VERNON, FL 32462

TITLE TD  
NAME DAVIS, JO  
STREET ADDRESS 4053 A DORCH CIR  
CITY-ST-ZIP VERNON, FL 32462

TITLE SD  
NAME AUKEMA, BONNIE  
STREET ADDRESS 3061 WOODREST RD  
CITY-ST-ZIP CHIPLEY, FL 00000,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000007052  
01/20/04-80007-022 150.00

**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 #

**1/14/03 850-638-8363**