


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91064 005 ***150.00

DOCUMENT # 825529 1. Entity Name LONG JOHN SILVER'S, INC.			
Principal Place of Business 1900 COLONEL SANDERS LN ATTN TAX DEPT LOUISVILLE, KY 40213 US		Mailing Address 1900 COLONEL SANDERS LN ATTN TAX DEPT LOUISVILLE, KY 40213 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 35910 Suite, Apt. #, etc. Attn: Tax Dept.	
City & State		City & State Louisville, KY	
Zip 40232	Country US	4. FEI Number 61-0703028	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input checked="" type="checkbox"/> Delete NAME EELTENSTEIN, SIDNEY J STREET ADDRESS 5328 N. DAY RD CITY-ST-ZIP MIAMI BCH, FL 33140	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Director Michael C. White STREET ADDRESS 1441 Gardiner Ln. CITY-ST-ZIP Louisville, KY 40213	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME DAVIS, STEVEN A STREET ADDRESS 101 YORKSHIRE BLVD CITY-ST-ZIP LEXINGTON, KY 40509	
TITLE <input type="checkbox"/> Delete NAME TALBOT, CHARLES C STREET ADDRESS 101 YORKSHIRE BLVD CITY-ST-ZIP LEXINGTON, KY 40509	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Treasurer STREET ADDRESS 1900 Colonel Sanders Ln. CITY-ST-ZIP Louisville, KY 40213		
TITLE <input type="checkbox"/> Delete NAME LEISTNER, CHERYL STREET ADDRESS 1900 COLONEL SANDERS LANE CITY-ST-ZIP LOUISVILLE, KY 40213	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME VP / Sec. / Director STREET ADDRESS Forrest W. Ragsdale, III CITY-ST-ZIP 1441 Gardiner Ln. Louisville, KY 40213		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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), 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 <u><i>Cheryl Z. Leistner</i></u> Cheryl Z. Leistner		Date 4-21-04	Daytime Phone # 502-874-2184

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