2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Jun 02, 2004 8:00 am

DOCUMENT # 838045  1. Entity Name  TAVERN RESTAURANT GROUP, INC.					Secretary of State 06-02-2004 90001 028 ***150.00			
Principal Plac	ce of Business	Mailing Address		_				
1	TGOMERY RD	11340 MONTGOMERY R	D	VL.	10	E 4 0 E 0 4		
STE 206 CINCINNATI OH 45249		STE 206 CINCINNATI OH 45249		7	70	540563	323	
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2. Principal P	Place of Business	3. Mailing Address	125	3/2/1				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	(JO)		MOORE C	R2E034 (11/03)		
City & Stat	e	City & State	(0)	4. FEI Num	61 00 15459	No	pplied For at Applicable	
Zip	Country	Zip .	Country	5. Certifica	te of Status Desired	S8.75 Add		
	6. Name and Address of Current	Registered Agent		7. Name ar	d Address of New Reg		<u> </u>	
Nam				• —		- بـ ســــــــــــــــــــــــــــــــــ	-	
SANDERS, DESHA N JR			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
180 CHANNEL DRIVE NAPLES FL 33963-9142			0.00077.0076	00 (1.70.00.11011			<u> </u>	
	,							
	,	<b>9</b>	City			FL Zip Code		
	e named entity submits this statement toons of registered agent.	or the purpose of changing its re	egistered office or reg	stered agent, or b	ooth, in the State of Flori	da. I am familiar with,	and accept	
170 001/gai	422		,			EXTENTION OF		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: F	Registered Agent signature re	uired when reinstating)		DATE		
65 8 6 8 C	ILE NOWINGER TO CALCO OF			1		· · · · · · · · · · · · · · · · · · ·		
Afte	ILE NOW!!! FEE IS \$150.00 ir May 1, 2004 Fee will be \$550.00 k Payable to Florida Department o			II	Election Campaign Final Trust Fund Contribution.	~ — ~~~	<b>0</b> May Be I to Fees	
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of the corporation or the receiver of 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.

TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR