

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000002728

1. Entity Name
RESTAURANT VENTURES NORTHWEST, INC.



Principal Place of Business
**22500 SE 64TH PLACE
STE. 120
ISSAQUAH, WA 98027**

Mailing Address
**22500 SE 64TH PLACE
SUITE 120
ISSAQUAH, WA 98027**



01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0697712

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 relocating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

02/12/05-80037-009 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**C
JONES, CLIFFORD L
410 MARKET STREET
KIRKLAND, WA 98033**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PS
JONES, JEFFREY K
20429 N.E. 31ST STREET
SAMMAMISH, WA 98074**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DT
LEICH, RAYMOND M
1304 DESOTO AVENUE, #104
TAMPA, FL 33606**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
JOHNSON, KATHRYN M
1857 E. 10300 S.
SANDY, UT 84092**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
LESUEUR, JULIE M
21521 BLUEJAY
TRABUCCO CANYON, CA 92679**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
JONES, JEFFREY K
20429 N.E. 31ST STREET
SAMMAMISH, WA 9074**

**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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLIFFORD JONES

1/27/05 425-557-7711

Date

Daytime Phone #