

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F47835**

1. Entity Name  
**RESTAURANT SERVICES AND MANAGEMENT, INC.**



Principal Place of Business  
**601 N NEW YORK AVENUE  
201  
WINTER PARK, FL 32789 US**

Mailing Address  
**P O BOX 2066  
WINTER PARK, 32790 US**



01272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2575083**

Applied For  
Not Applicable

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

**5. Name and Address of Current Registered Agent**

**SALTSMAN, ROBERT P  
222 S. PENNSYLVANIA AVE.  
STE. 200  
WINTER PARK FL, FL 32789**

**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**

11000000127473  
04/23/04-80075-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARCIA, GERLADINE R 601 N NEW YORK AVE. WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARCIA, MANUEL A III 601 N NEW YORK AVE. WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VALDES, HAL 360M ST LANE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARKETT, RUSSELL 601 N NEW YORK AVENUE WINTER PARK, FL 32789
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)(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

**4-21-04**

Date

Daytime Phone # \_\_\_\_\_