2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # F61369

1. Entity Name
TACO CITY II, INC.

Principal Place of Business	Mailing Address
2955 SOUTH ATLANTIC AVENUE COCOA BEACH, FL 32931	2955 SOUTH ATLANTIC AVENUE COCOA BEACH, FL 32931

[redacted]

03222004 No Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MYERS, NICHOLS A.
2955 S. ATLANTIC AVENUE
COCOA BEACH, FL 32931

[redacted]

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

U00000095533
03/24/04-80036-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	STC
NAME	MYERS, NICHOLAS A.
STREET ADDRESS	2955 SOUTH ATLANTIC AVE.
CITY-ST-ZIP	COCOA BEACH, FL
TITLE	VD
NAME	MYERS, CARLITA
STREET ADDRESS	2955 SOUTH ATLANTIC AVE.
CITY-ST-ZIP	COCOA BEACH, FL
TITLE	PD
NAME	MYERS, ANDREW J.
STREET ADDRESS	2955 SOUTH ATLANTIC AVE.
CITY-ST-ZIP	COCOA BEACH, FL
TITLE	D
NAME	MYERS, NICHOLAS A.
STREET ADDRESS	2955 SOUTH ATLANTIC AVE.
CITY-ST-ZIP	COCOA BEACH, FL
TITLE	S
NAME	MYERS, MARIA J
STREET ADDRESS	2955 S ATLANTIC AVE
CITY-ST-ZIP	COCOA BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

[redacted]

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: _____ 3/22/04 321-784-1475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #