

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 08:00 AM
Secretary of State

DOCUMENT # F84006 1. Entity Name LUIGI'S ITALIAN AMERICAN RESTAURANT, INC.	
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Principal Place of Business % LOUIS RIELLI 5912 UNIVERSITY BLVD. WEST JACKSONVILLE, FL 32216	Mailing Address % LOUIS RIELLI 5912 UNIVERSITY BLVD. WEST JACKSONVILLE, FL 32216
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DO NOT WRITE IN THIS SPACE



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2267139	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIELLI, LOUIS
5912 UNIVERSITY BLVD WEST
JACKSONVILLE, FL 32216

**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 _____ (NOTE: Registered Agent signature required when reinstalling) 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS RIELLI, MILDRED D 4342 ARCH CREEK DRIVE JAX, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RIELLI, LOUIS M 4342 ARCH CREEK DRIVE JAX, FL 00000,
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03/04/04-80018-001 150.00

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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: Louis Rielli Louis Rielli 2/27/04 904-731-0338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #