
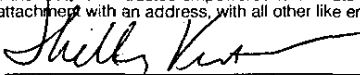


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90003 042 \*\*\*150.00

<b>DOCUMENT # F92000000898</b>			
1. Entity Name <b>SOUTH WADSWORTH RESTAURANT CORPORATION</b>			
Principal Place of Business <b>10875 HIGHWAY 285 #211 CONIFER, CO 80433 US</b>		Mailing Address <b>10825 HWY 285 #211 CONIFER, CO 80433 US</b>	
2. Principal Place of Business <b>7650 W Quincey Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>7650 W Quincey Ave</b> Suite, Apt. #, etc.	
City & State <b>Denver CO</b>		City & State <b>Denver CO</b>	
Zip <b>80123</b>	Country <b>USA</b>	Zip <b>80123</b>	Country <b>USA</b>
4. FEI Number <b>91-1553063</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HARTMAN, JAMES A 400 EAST SOUTH ST. STE. 401 ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP FOPPIANO, JAMES R 22833 BOTHELL EVERETT HWY #1117 BOTHELL, WA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC KUTCH, MICHAEL R 10875 HWY 285 #211 CONIFER, CO 80433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVC KUTCH, MICHAEL R 7650 W. QUINCY AVE DENVER, CO 80123</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GOODWIN, ROBERT F 27206 CALAROGA AVE., STE. 205 HAYWARD, CA 94545 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUTCH, SHELLEY D 10875 HWY 285 #211 CONIFER, CO 80433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KUTCH, SHELLEY D. 7650 W. QUINCY AVE DENVER, CO. 80123</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KUTCH, MICHAEL R 10875 HWY 285 #211 CONIFER, CO 80433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP KUTCH, MICHAEL R. 7650 W. QUINCY AVE. DENVER, CO. 80123</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date <b>2/20/04</b> Daytime Phone # <b>720 981 3364</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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