2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Jan 26, 2005 8:00 am **Secretary of State** DOCUMENT # G47327 1. Entity Name 01-26-2005 90014 005 ***150.00 D.H. RESTAURANTS, INC. Principal Place of Business Mailing Address C/O DANIEL M. HARVEY, JR. C/O DANIEL M. HARVEY, JR. 3121 4TH ST. NO. ST. PETERSBURG FL 33704 3121 4TH ST. NO. ST. PETERSBURG FL 33704 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-2301027 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARVEY, DANIEL M., JR. Street Address (P.O. Box Number is Not Acceptable) 3121 4TH ST. NO. ST. PETERSBURG FL 33704 City Zip Code 8. The above named enti tement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of register fagent. 2 G 00 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD TITLE ☐ Delete Change ☐ Addition Mr. Dan M. Harvey DR NAME HARVEY, DANIEL M., JR. PO Box 7978 STREET ADDRESS 1310 MONTEREY BLVD NE STREET ADDRE Saint Petersburg, FL 33734-7978 ST.PETERSBURG FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-S1-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP I hereby certify that the information applied 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 of supplemental report is true and accurage 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 for 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 attackment with an address, with all other like empowered. I bereby certify that the information

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