

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # G48265**

1. Entity Name  
FUDPUCKER'S OF FORT WALTON BEACH, INC.



Principal Place of Business  
108 SANTA ROSA BLVD.  
FT. WALTON BEACH, FL 32548

Mailing Address  
20001-A EMERALD COAST PKWY.  
DESTIN, FL 32541



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2318359

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

EDWARDS, TIMOTHY M  
20001-A EMERALD COAST PARKWAY  
DESTIN, FL 32541

**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 Agents signature required when reappointing)

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**

U00000111790  
04/13/04-80034-018 158.75

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME KROEGER, CHESTER G.  
STREET ADDRESS 606 LAGOON DR  
CITY-ST-ZIP DESTIN, FL

TITLE DVST  
NAME EDWARDS, TIMOTHY M  
STREET ADDRESS 500 WALTON WAY  
CITY-ST-ZIP DESTIN, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(f), 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

Timothy M. Edwards, VicePres 04/08/04 (850)654-1544

Date

Daytime Phone #