


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90054 001 ***150.00

DOCUMENT # G58872
 1. Entity Name
STS RESTAURANT CORPORATION



Principal Place of Business Mailing Address
8920 TAMiami TRl N **P.O. BOX 340**
NAPLES, FL 34108 US **NAPLES, FL 34106 US**

03022004



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

03022004 Chg-P CR2E034 (10/03)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-2319801 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SHELLIABARGER, JERRY E
1015 4TH STREET S
NAPLES, FL 34102

7. Name and Address of New Registered Agent
 Name **Jerry E. Shellabarger**
 Street Address (P.O. Box Number is Not Acceptable)
4996 Joe Wood Dr.
 City **Sanibel** FL Zip Code **33957**

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: *Jerry Shellabarger* DATE: **3/11/04**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TURNER, GARY W | |
| STREET ADDRESS | 1080 GOODLETTE ROAD N | |
| CITY-ST-ZIP | NAPLES, FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STEWART, HELEN | |
| STREET ADDRESS | 126 BURNING SPRING RD | |
| CITY-ST-ZIP | BELLE, WV | |
| TITLE | DP | <input type="checkbox"/> Delete |
| NAME | SHELLABARGER, JERRY E | |
| STREET ADDRESS | 500 5TH AVENUE SO #524 | |
| CITY-ST-ZIP | NAPLES, FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Jerry E. Shellabarger | |
| STREET ADDRESS | 4996 Joe Wood Dr. | |
| CITY-ST-ZIP | Sanibel, FL 33957 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *Jerry Shellabarger* DATE: **3/11/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #