


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K13842</b> 1. Entity Name CHANTICLEER HOLDING COMPANY, INC.	
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Principal Place of Business THE CHANTICLEER HOLDING CO PO BOX 96 JENSEN BEACH, FL 34958 US	Mailing Address PO BOX 96 JENSEN BEACH, FL 34958 US
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**DO NOT WRITE IN THIS SPACE**



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1770365	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  
  
CRARY, LAWRENCE E III  
555 COLORADO AVENUE  
SUITE 1  
STUART, FL 34994

**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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>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	000000062103 02/23/04-80108-005 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD STUART, FRANCES L. 2460 PALMER RD JENSEN BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STUART, HAROLD C 2460 PALMER RD JENSEN BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CRARY, JR. E EVANS 555 COLORADO AVE STUART, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BABB, ALBERT E 2460 PALMER ROAD JENSEN BEACH, FL
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:** ALBERT E. BABB - Albert E Babb 2/20/04 772-287-4657  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #