2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K15870

. :

REECECLIFF RESTAURANT, INC.



FILED Feb 16, 2004 8:00 am Secretary of State

02-16-2004 90030 033 ***150.00

Principal Place	e of Business		Mailing Address						W 7 II		
% ROBERT Y. POPE JR 940 S FLORIDA AVE LAKELAND, FL 33803			% ROBERT Y. POPE JR 940 S FLORIDA AVE LAKELAND, FL 33803			 					
2. Principal P	lace of Busine	258	3. Mailing Address 3315 SummERLAND Alls Cox								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01212004	Chg-P	ng-P CR2E034 (10/03)			
City & State			LAKECANO				519			plied For t Applicable	
Zip		Country	3°38(3	338(3 Country		5. Certificate of				75 Additional Required	
	6. Name	and Address of Curre	nt Registered Agent			7. Name and A	Address of New I	Registered Ag	jent		
POPE, RO 940 S FLO LAKELANI		الما المساجير				(P.O. Box Number 5 W M W & A	is Not Acceptable	°16 (00	p ====		
					City LAKE	CAND		FL	Zip Code	7/3	
	tions of registe	ered agent.	for the purpose of changing it				i, in the State of F	orida. I am fa	miliar with,	and accept	
	Signature, typed c	r printed name of registered age	ent and the E applicable. (NO	(E: Hegistered A	Gent aignature requir	ed wiser reinstating)		DAIL			
		FEE IS \$150.00 Fee will be \$550	9. Election Campa Trust Fund Cor	•		5.00 May Be ided to Fees					
10.		OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/C	CHANGES TO OF	FICERS AND (JIRECTORS	3 IN 11	
TITLE	PD		☐ Delete	TITLE				1	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	POPE, RO 940 S FLO LAKELANI			NAME STREET CITY-S	ADDRESS 3	315 Sun LAKECAN	MMERLAN D	0 Halls	; ¢00	P	
	STD	J, I L		TITLE	,	- MAL CITIES	U PL	300	Change	Addition	
TITLE NAME	POPE, KA	TSUKO	☐ Delete	NAME					•	Addition	
STREET ADDRESS	940 S FLO				ADDRESS 3	315 sum	MEKLAN	o hills	COMP		
City-ST-ZiP	LAKELANI			CITY-S	T-ZiP	MKECOM	E/	33813		1	
TITLE	D		⊠ Delete	TITLE		// / <u></u>	, <u> </u>	,	Change	Addition	
NAME	POPE, RO	BERT SR	Bollois	NAME							
STREET ADDRESS	940 S FLC	RIDA AVE		STREET	ADDRESS						
CITY-ST-ZIP	LAKELANI	D, FL		CITY-S	T-ZIP						
TITLÉ			☐ Delete	TITLE	,				☐ Change	☐ Addition	
*NAME	-	**		NAME :			<u> </u>	L	• -		
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				CITY-S	T-ZIP						
TITLE			☐ Delete	TITLE					Change	Addition	
NAME				HAME	4000000					İ	
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP				CITY-S	1-71L				C 0.		
TITLE			☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS				NAME STREET	ADDRESS					1	
CITY-ST-ZIP	,			CITY-S	- 1						

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 my an address, with all other like empowered.

SIGNATURE: