2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K21608

FILED Apr 28, 2005 Secretary of State

Entity Name: SAM'S ST. JOHNS SEAFOOD RESTAURANT, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	K AVENUE PARK, FL 320	073		
Current N	lailing Addres	ss:	New Mailing Addres	ss:
	.METTO AVE OVE SPRING:	S, FL 32043		
El Number	: 59-2885040	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
KEL, DA				
NE INDE	EPENDENT SC EPENDENT DE WILLE, FL 322	RIVE		
DNE INDE IACKSON The above	EPENDENT DE VILLE, FL 322	RIVE 202 US	purpose of changing its registere	ed office or registered agent, or both,
ONE INDE IACKSON The above In the State	EPENDENT DF IVILLE, FL 322 named entity e of Florida. RE:	RIVE 202 US submits this statement for the		ed office or registered agent, or both,
DNE INDE ACKSON The above In the State SIGNATUI	EPENDENT DE IVILLE, FL 322 named entity e of Florida. RE: Electroi	RIVE 202 US submits this statement for the nic Signature of Registered Ag		ed office or registered agent, or both, Date
DNE INDE ACKSON The above In the State BIGNATUI	EPENDENT DE IVILLE, FL 322 enamed entity e of Florida. RE: Electroimpaign Financin	RIVE 202 US submits this statement for the nic Signature of Registered Ag g Trust Fund Contribution ().	rent	Date
DNE INDE IACKSON The above In the State BIGNATUI	EPENDENT DE IVILLE, FL 322 named entity e of Florida. RE: Electroi	RIVE 202 US submits this statement for the nic Signature of Registered Ag g Trust Fund Contribution ().	rent	
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I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BAJALIA PS 04/28/2005