


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90984 031 ***150.00

DOCUMENT # K44644		
1. Entity Name SOUTHERN STAINLESS WELDING & RESTAURANT SERVICE COMPANY, INC.		
Principal Place of Business 3016 NEEDLE PALM DRIVE EDGEWATER FL 32141 US		Mailing Address 3016 NEEDLE PALM DRIVE EDGEWATER FL 32141 US
2. Principal Place of Business PO Box 2356		3. Mailing Address PO Box 2356
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Daytona Beach FL		City & State Daytona Beach FL
Zip 32115	Country US	Zip 32115 Country US
6. Name and Address of Current Registered Agent PANICO, LOUIS R. 3016 NEEDLE PALM DRIVE EDGEWATER FL 32141		7. Name and Address of New Registered Agent Name LOUIS R PANICO Street Address (P.O. Box Number is Not Acceptable) 231 FIRST AVENUE City DAYTONA BEACH FL Zip Code 32114



MOORE CR2E034 (11/03)

4. FEI Number **59-2925356** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired: ☐ **\$8.75 Additional Fee Required**

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 Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANICO, LOUIS ROLAND 3016 NEEDLE PALM DRIVE EDGEWATER FL 32141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 231 FIRST AVENUE DAYTONA BEACH FL 32114 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #