

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L18683

FILED
Apr 18, 2005
Secretary of State

Entity Name: KOJAK'S HOUSE OF RIBS, INC.

Current Principal Place of Business:

2808 GANDY BLVD.
TAMPA, FL 336112822

New Principal Place of Business:

Current Mailing Address:

2808 GANDY BLVD.
TAMPA, FL 336112822

New Mailing Address:

FEI Number: 59-3027217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORNEY, CHRISTOPHER L PRES.
5540 KENNEDY HILLS DR.
SEFFNER, FL 33584 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FORNEY, MARIA L D
Address: 909 S. OREGON ST.
City-St-Zip: TAMPA, FL 33606

Title: PTD () Delete
Name: FORNEY, CHRISTOPHER L PTD
Address: 5540 KENNEDY HILLS DR
City-St-Zip: SEFFNER, FL 33584

Title: S () Delete
Name: THIBEAULT, SHELBY
Address: 3908 EL PRADO
City-St-Zip: TAMPA, FL 33629

Title: VP () Delete
Name: ANGELO, PHILLIP M VP
Address: 2810 WALLACE AVENUE
City-St-Zip: TAMPA, FL

Title: VP (X) Delete
Name: EHAS, JEFFREY J VP
Address: 4429 LANIER DR
City-St-Zip: TAMPA, FL 33616

Title: VP () Delete
Name: WILLIAMS, JULIA VP
Address: 604 PAWN WAY
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTOPHER L, FORNEY

PTD

04/18/2005

Electronic Signature of Signing Officer or Director

Date