


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L66226 1. Entity Name OLD ROOSTER RESTAURANT & BAR, INC. |  |
|---|---|

| | |
|---|--|
| Principal Place of Business 5406 COUNTY ROAD 218 MIDDLEBURG, FL 32005 | Mailing Address 5406 COUNTY ROAD 218 MIDDLEBURG, FL 32005 US |
|---|--|

DO NOT WRITE IN THIS SPACE



01142005 No Chg-P CR2E034 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 59-3011133 | 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 DUSS, JOHN S IV 10110 SAN JOSE BLVD. JACKSONVILLE, FL 32257 | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> | DATE _____ |
|--|------------|

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RAY, DENISE 3432 SHELLEY DR. GREEN COVE SPRINGS, FL 32043 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

000000185303
01/21/05-80009-024 150.00

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)(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: <u>Denise Ray</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date <u>1-15-05</u> | Daytime Phone # <u>904-406-4720</u> |
|---|---------------------|-------------------------------------|