


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # M80212 1. Entity Name CHARLEY'S STEAKHOUSE AND SEAFOOD GRILLE OF KISSIMMEE, INC.	
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Principal Place of Business % DENNIS P. DARMOC 2901 PARKWAY BLVD. KISSIMMEE, FL 32741 US	Mailing Address % DENNIS P. DARMOC 1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837-9259
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01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2887106	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DARMOC, DENNIS P. 1260 CENTRAL FLORIDA PKWY. ORLANDO, FL 32837

**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 reinstating)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC WOODSBY, CHARLES E. 8959 BAY COVE CT ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WOODSBY, RONALD E. 1445 OAKLAWN PLACE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DARMOC, DENNIS 1950 LEGION DR WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/22/05-80002-008 150.00

**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)(f), 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>Dennis P Darmac</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>4/19/05</u>	Daytime Phone #: <u>407-851-8400</u>
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