


Article# 7003 2260 0007 1201 4104

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000007324	
1. Entity Name CONFRERIE DE LA CHAINE DES ROTISSEURS BAILLAGE DE PINELLAS GULF COAST, INC.	

Principal Place of Business 17120 GULF BLVD. N. REDINGTON BEACH, FL 33708	Mailing Address 17120 GULF BLVD. N. REDINGTON BEACH, FL 33708
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D4242004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3754874	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

HALL, CARL M
17120 GULF BLVD.
N. REDINGTON BEACH, FL 33708

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HALL, CARL M 17120 GULF BLVD. N. REDINGTON BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FITZMORRIS, NANCY PO BOX 12686 SAINT PETERSBURG, FL 33733
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PROCTOR, FRANK 460 HARBOR DR. N. INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIEDL, KARL 148 MARINA PLAZA DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SONNENSCHNEIN, TED 17083 DOLPHIN DR N REDINGTON BEACH, FL 33708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000154029
05/04/04-80151-008 61.25**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 617, 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

Carl M. Hall President 4/10/04 727-392-2500

Date

Daytime Phone #