


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90708 036 ***150.00

DOCUMENT # P00000007215	
1. Entity Name THE GREASY SPOON, INC.	

Principal Place of Business 5604 15TH ST E BRADENTON FL 34203	Mailing Address 5604 15TH ST E BRADENTON FL 34203
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2. Principal Place of Business		3. Mailing Address 7110 41 ST AVE EAST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BRADENTON, FL.	
Zip	Country	Zip 34208	Country U.S.



MOORE CR2E034 (11/03)

4. FEI Number 65-0462025		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LADD, KATRINA L 1027 HAGLE PARK RD. BRADENTON FL 34202		7. Name and Address of New Registered Agent Name KATRINA LADD Street Address (P.O. Box Number is Not Acceptable) 7110 41 ST. AVE. EAST City BRADENTON FL Zip Code 34208

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 KATRINA LADD DATE 4-28-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LADD, MICHAEL 211 57TH AVE EAST BRADENTON FL 34203 <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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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: KATRINA LADD KATRINA LADD 4-28-04 941-812-9664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #