

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000042163

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: AMERICAN RESTAURANT CONCEPTS INC.

## Current Principal Place of Business:

AIRPORT INDUSTRIAL PARK  
14476 DUVAL PLACE WEST, SUITE 103  
JACKSONVILLE, FL 32218

## New Principal Place of Business:

## Current Mailing Address:

AIRPORT INDUSTRIAL PARK  
14476 DUVAL PLACE WEST, SUITE 103  
JACKSONVILLE, FL 32218

## New Mailing Address:

FEI Number: 59-3649554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HILL, DEBRA  
8810-C GOODBY'S EXEC. DR.  
JACKSONVILLE, FL 32217 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: P ( ) Delete  
Name: ROSENBERGER, MIKE  
Address: 14476 DUVAL PL. W. #103  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete  
Name: ROSENBERGER, MICHAEL  
Address: 14476 DUVAL PLACE WEST - SUITE 103  
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete  
Name: ROSENBERGER, MICHAEL  
Address: 14476 DUVAL PLACE WEST - SUITE 103  
City-St-Zip: JACKSONVILLE, FL 32218

Title: ASEC ( ) Delete  
Name: SHAW, J. ROBERT  
Address: 14476 DUVAL PLACE WEST - SUITE 103  
City-St-Zip: JACKSONVILLE, FL 32218

## 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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MIKE ROSENBERGER

P

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date