


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90063 035 ***150.00

DOCUMENT # P00000071881 1. Entity Name BEEF O'BRADY'S FISHAWK, INC.			
Principal Place of Business 5510 W. LASALLE ST. SUITE 200 TAMPA, FL 33607		Mailing Address 505 E JACKSON STREET SUITE 308 TAMPA, FL 33602	
2. Principal Place of Business 16773-16775 Fishawk Blvd Suite, Apt. #, etc.		3. Mailing Address 16773-16775 Fishawk Blvd. Suite, Apt. #, etc.	
City & State Lithia, FL		City & State Lithia, FL	
Zip 33547		Zip 33547	
Country USA		Country USA	
4. FEI Number 59-3665015		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 INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D MELLODY, JEANETTE 5510 W. LASALLE ST., STE 200 TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST- ZIP	Jeannette Melody 928 Hemmingway Circle Tampa, FL 33602
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D WEILAND, TONY 5510 W. LASALLE ST., STE 200 TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST- ZIP	Tony Weiland 2510 Fairview Ave. Seffner, FL 33584
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D MASSARO, J.J. 5510 W. LASALLE ST., STE 200 TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST- ZIP	J.J. Massaro 6119 Kingbird Manor Dr. Lithia, FL 33547
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D MELLODY, JAMES M JR 5510 W. LASALLE ST., STE 200 TAMPA, FL 33607	TITLE NAME STREET ADDRESS CITY-ST- ZIP	James Melody Jr. 5205 Culasaja Cr. Valrico, FL 33594
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
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
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"> 4-2-04 376-3875 </div> <small>Date Daytime Phone #</small>	