

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000078130

1. Entity Name
RICK'S PLACE IN TALLAHASSEE, INC.



Principal Place of Business
1833 W. TENNESSEE ST
TALLAHASSEE, FL 32304

Mailing Address
1833 W. TENNESSEE ST
TALLAHASSEE, FL 32304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3760608

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TINSLEY, GARY W
1833 W. TENNESSEE ST
TALLAHASSEE, FL 32304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME TINSLEY, GARY W
STREET ADDRESS 4008 RUMBA LANE
CITY-ST-ZIP TALLAHASSEE, FL 32304

Delete

TITLE PD
NAME GARY W. TINSLEY
STREET ADDRESS 115 WOOD 1015 COURT
CITY-ST-ZIP DAYTONA BEACH FL 32119

Change Addition

TITLE DST
NAME KING, RICK
STREET ADDRESS 1306 RUMBA LANE
CITY-ST-ZIP TALLAHASSEE, FL 32304

Delete

TITLE DST
NAME KING, RICK
STREET ADDRESS 1306 RUMBA LANE
CITY-ST-ZIP TALLAHASSEE, FL 32304

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY W. TINSLEY 1/14/04 850-412-0010
Date Daytime Phone #

**FILED
Apr 08, 2004 8:00 am
Secretary of State**

04-08-2004 90025 031 ***150.00

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