2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 21, 2004 8:00 am Secretary of State **DOCUMENT # P02000063218** 1. Entity Name 04-21-2004 90078 011 ***150.00 FLORIDA RESTAURANT CONCEPTS, INC. Principal Place of Business Mailing Address 603 INDIAN ROCKS ROAD BELLEAIR FL 33756 603 INDIAN ROCKS ROAD BELLEAIR FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 81-0559412 Not Applicable Zip Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PLATTE, DAVID E Street Address (P.O. Box Number is Not Acceptable) 603 INDIAN ROCKS ROAD **BELLEAIR FL 33756** City Zio 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE TITLE Delete ☐ Addition NAME WALZ, MICHAEL C NAME JEFFREY C. WILLISON 1308 E. 60TH ST., N. STREET ADDRESS STREET ADDRESS 3328 CRESCENT OAKS BLVD. CITY-ST-ZIP SIOUX FALLS SD 75104 CITY-ST-ZIP TARPON SPRINGS, FL 35688 TITLE Delete TD X Change ☐ Addition TITLE NAME WILLISON, JEFFREY C NAME JOSEPH F. CODY 3328 CRESCENT OAKS BLVD. STREET ADDRESS 9033 NORTHSHORE DR. STREET ADDRESS TARPON SPRINGS FL 35688 CITY-ST-7IP CITY - ST - ZIP SPICER, MN 56288 TITLE STD Detete TITLE X Change Addition CODY; JOSEPH F ~ ~ NAME MAME -RICHARD A. DOWNS 400 ARMSTRONG BLVD STREET ADDRESS 9033 NORTHSHORE DRIVE STREET ADDRESS CITY-ST-7IP SPICER MN 56288 CITY-ST-7IP ST. JAMES, MN 56081 TITLE X Delete TITLE _- _= Change ☐ Addition DOWNS, RICHARD A NAME NAME 400 ARMSTRONG BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. JAMES MN 56081 CITY-ST-ZIP TITLE Delete TITLE X Change ■ Addition VD HERNDON, H. "HAP" DAYNE JR. H. "HAP" DAYNE HERNDON, JR NAME 2559 HALL-JOHNSON ROAD, #1312 STREET ADDRESS STREET ADDRESS 2559 HALL-JOHNSON RD. #1312 **GRAPEVINE TX 75051** CITY-ST-ZIE CITY-ST-ZIP GRAPEVINE, TX 75051

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: JEFFREY C. WILLISON
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICED OF

Delete

FILED

Change

Addition