

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000063218

FILED
Apr 27, 2005
Secretary of State

Entity Name: FLORIDA RESTAURANT CONCEPTS, INC.

Current Principal Place of Business:

603 INDIAN ROCKS ROAD
BELLEAIR, FL 33756

New Principal Place of Business:

21688 US HWY 19 NORTH
OLD CHICAGO
CLEARWATER, FL 33765

Current Mailing Address:

603 INDIAN ROCKS ROAD
BELLEAIR, FL 33756

New Mailing Address:

1708 SOUTH 1ST STREET
WILLMAR, MN 56201

FEI Number: 81-0559412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLATTE, DAVID E
603 INDIAN ROCKS ROAD
BELLEAIR, FL 33756 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: PD () Delete
Name: WILLISON, JEFFREY C
Address: 3328 CRESCENT OAKS BLVD
City-St-Zip: TARPON SPRINGS, FL 34688

Title: TD () Delete
Name: CODY, JOSEPH F
Address: 9033 NORTHSORE DR
City-St-Zip: SPICER, MN 56288

Title: VD () Delete
Name: DOWNS, RICHARD A
Address: 400 ARMSTRONG BLVD
City-St-Zip: SAINT JAMES, MN 56081

Title: VD () Delete
Name: HERNDON, H. JR.
Address: 2559 HALL-JOHNSON ROAD, #1312
City-St-Zip: GRAPEVINE, TX 75051

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 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 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: JOSEPH CODY

TD

04/27/2005

Electronic Signature of Signing Officer or Director

Date