

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000063218

**FILED**  
**Mar 29, 2009**  
**Secretary of State**

**Entity Name:** FLORIDA RESTAURANT CONCEPTS, INC.

**Current Principal Place of Business:**

2042 BADLANDS DR  
OLD CHICAGO  
BRANDON, FL 33511

**New Principal Place of Business:**

1708 SOUTH 1ST STREET  
WILLMAR, MN 56201

**Current Mailing Address:**

1708 SOUTH 1ST STREET  
WILLMAR, MN 56201

**New Mailing Address:**

**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: SD ( ) Delete  
Name: CODY, JOSEPH F  
Address: 1629 S CLEVELAND AVE #C  
City-St-Zip: SIOUX FALLS, SD 57104

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:** JOE CODY

**SEC**

**03/29/2009**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date