2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000065240

FILED Apr 09, 2004 Secretary of State

Entity Name: FLAT ROCK GRILLE HOLDINGS, INC. **Current Principal Place of Business: New Principal Place of Business:** 1111 W. WESTSHORE BLVD. SUITE 402 TAMPA, FL 33607 **Current Mailing Address: New Mailing Address:** P.O. BOX 20466 TAMPA, FL 33622 FEI Number: 01-0710779 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LONG, WILLIAM A JR 1111 W. WESTSHORE BLVD. SUITE 402 TAMPA, FL 33607 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: **VPTS** (X) Change () Addition LONG, WILLIAM A JR Name: Name: LONG, WILLIAM A JR 1111 W. WESTSHORE BLVD. SUITE 402 1111 W. WESTSHORE BLVD. SUITE 402 Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33607 () Delete Title: CPD () Change (X) Addition Title: Name: Name: EVANS, MICHAEL W 1111 N WESTSHORE BLVD, STE 402 Address: Address: TAMPA, FL 33607 City-St-Zip: City-St-Zip: Title: () Delete Title: D) Change (X) Addition MILLER, WS Name: Name: 100 N TAMPA STREET, SUITE #140 Address Address: City-St-Zip: City-St-Zip: TAMPA, FL 33602 Title: () Delete Title: () Change (X) Addition WITHERTON, JAMES D JR Name: Name: Address: Address: 845 CROSSOVER LANE, STE #140 City-St-Zip: City-St-Zip: MEMPHIS, TN 38117 Title: Title: () Change (X) Addition () Delete GARSON, PALMER Name: Name: Address: Address: 1 JAMES CENTER, SUITE #1600 City-St-Zip: City-St-Zip: RICHMOND, VA 23219

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: WILLIAM A LONG JR. **VPTS** 04/09/2004