


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90037 011 ***150.00

DOCUMENT # P02000082355	
1. Entity Name GRUMPIES PIZZA KITCHEN, INC.	

Principal Place of Business 9734 W SAMPLE RD CORAL SPRINGS, FL 33065	Mailing Address 9734 W SAMPLE RD CORAL SPRINGS, FL 33065
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94060083

2. Principal Place of Business 6860 Eastview Dr.	3. Mailing Address 6860 Eastview Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lake Worth, Fl.	City & State Lake Worth, Fl.
Zip 33462	Country USA



04152004 Chg-P CR2E034 (10/03)

4. FEI Number 03-0476795	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FILINGS, INC. 3732 NW 16 ST FT LAUDERDALE, FL 33311	
7. Name and Address of New Registered Agent Name Jeffrey McCulty Street Address (P.O. Box Number is Not Acceptable) 6860 Eastview Drive City Lake Worth FL Zip Code 33462	

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 Jeffrey McCulty DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MCCULTY, JEFFREY 9734 W SAMPLE RD CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST McCulty, Jeffrey 6860 Eastview Drive Lake Worth, Fl. 33462 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

Jeffrey McCulty, Pres. 954-426-8966

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____