


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000127392

1. Entity Name
RED HOT RESTAURANTS, INC.



Principal Place of Business: **7070-3 COLLEGE PARKWAY FT. MYERS, FL 33907**

Mailing Address: **460 GOLFVIEW DR. NAPLES, FL 34110**

DO NOT WRITE IN THIS SPACE



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number: **02-0656180** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BRYANT, ROBERT C
 460 GOLFVIEW DR.
 NAPLES, FL 34110**

DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRYANT, ROBERT C
STREET ADDRESS	460 GOLFVIEW DR.
CITY - ST - ZIP	NAPLES, FL 34110
TITLE	VD
NAME	BRYANT, SAMUEL P III
STREET ADDRESS	8751 WESLEYAN DR., APT. 1811
CITY - ST - ZIP	FT. MYERS, FL 33919
TITLE	S
NAME	BRYANT, LYNN M
STREET ADDRESS	8751 WESLEYAN DR., APT. 1811
CITY - ST - ZIP	FT. MYERS, FL 33919
TITLE	T
NAME	PORGES, JAMES W
STREET ADDRESS	1636 FIRAR TUCK ROAD
CITY - ST - ZIP	ATLANTA, GA 30309
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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.

SIGNATURE: *Robert C Bryant* **ROBERT C. BRYANT** **3/15/05** **239-5662141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #