


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90028 019 ***150.00

DOCUMENT # P03000017625					
1. Entity Name FLETCHER'S BACKSTREET GRILL, INC.					
Principal Place of Business 315 SOUTH PLANT AVENUE TAMPA, FL 33606 <i>508 W. Fletcher Tampa, FL 33612</i>			Mailing Address 315 SOUTH PLANT AVENUE TAMPA, FL 33606		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WATERS, CODY W 501 E KENNEDY BLVD SUITE 1700 TAMPA, FL 33602				Name <i>Mary Ann Stiles</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>315 South Plant Ave</i>	
				City <i>Tampa</i> FL Zip Code <i>33606</i>	
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 <i>Mary Ann Stiles</i>				DATE <i>4/2/04</i>	
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STILES, MARY ANN	NAME			
STREET ADDRESS	315 SOUTH PLANT AVENUE	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33606	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<i>Breana Smith</i>		
STREET ADDRESS		STREET ADDRESS	<i>Box Oguisendo de Anila</i>		
CITY-ST-ZIP		CITY-ST-ZIP	<i>Tampa, FL 33613</i>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Mary Ann Stiles</i>				DATE: <i>4/2/04</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <i>813-265-4244</i>	

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03302004 Chg-P CR2E034 (10/03)

4. FEI Number *50-2321852*

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

7. Name and Address of New Registered Agent
 Name *Mary Ann Stiles*
 Street Address (P.O. Box Number is Not Acceptable) *315 South Plant Ave*
 City *Tampa* FL Zip Code *33606*

SIGNATURE *Mary Ann Stiles*

DATE *4/2/04*

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00

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

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SIGNATURE: *Mary Ann Stiles* DATE: *4/2/04* Daytime Phone #: *813-265-4244*