

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90088 041 ***158.75

| | | | | | |
|---|---------------------------------|--|---|--|--|
| DOCUMENT # P03000033693 1. Entity Name PESKY'S BAJA GRILL, INC. | | | | | |
| Principal Place of Business 3530 LONE WOLF TRAIL ST AUGUSTINE, FL 32086 | | | Mailing Address 3530 LONE WOLF TRAIL ST AUGUSTINE, FL 32086 | | |
| 2. Principal Place of Business Pesky's Baja Grill (OBA) Suite, Apt. #, etc. 671 A1A Beach Boulevard City & State St. Augustine Beach, FL Zip 32080 Country USA | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | % F, / , , , , / / 2 5 / F & <div style="font-size: 1.2em; font-weight: bold;">24004397</div> 01132004 Chg-P CR2E034 (10/03) 4. FEI Number <div style="font-size: 1.2em;">51-0455409</div> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HENLEY, TREVOR C 3530 LONE WOLF TRAIL ST AUGUSTINE, FL 32086 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.1em;">FL</div> Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | P.O. Trevor C. Henley 3530 Lone Wolf Trail St. Augustine, FL 32086 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | T/S.O. Jennifer L. Henley 3530 Lone Wolf Trail St. Augustine, FL 32086 | <input type="checkbox"/> Change <input checked="" 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. | | | | | |
| SIGNATURE: <i>Jennifer L. Henley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 1/24/2004 <small>Date</small> | | (904) 794-1774 <small>Daytime Phone #</small> |