2004 FOR PROFIT CORPORATION ANNUAL REPORT

AR. D'S RESTAURANT AND LOUNGE INC. O4 APR 29 AM 1 O5 APR 20 AP		MENT # P0300004	12497			
Maining Address SECRETARY OF	1. Entity Name MR. D'S F		NGE INC.			
Maining Address SECRETARY OF				A STATE OF THE STA	<u></u>	04 APR 29 AM 9
Fireignal Place of Business Subs. Apt. II. cit. S	2426 W BEA	/ER ST	2426 W BEAVER ST	200		
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Surple, AM M. etc. Suite, Apt. 4. etc. Suite, Apt	2. Principal P	ace of Business	3. Mailing Address	2761.		
Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NorsON, DAVID Stroot Address (P.O. Biox Number is Not Acceptable) City FL Zip Code City FL Zip	Suite, Apt. #, etc.				04292004 Chg-P	CR2E034 (10/03)
Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NorsON, DAVID Stroot Address (P.O. Biox Number is Not Acceptable) City FL Zip Code City FL Zip	City & State		City & State Achapovilla Florida		4. FEI Number	Applied For
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Stroet Address (°C. Box Number is Not Acceptable) City FL Zip Code City City FL Zip Code City City City FL Zip Code City City City FL Zip Code City City City City FL Zip Code City City City City City City FL Zip Code City C	Zip	Country	1ip 32203		5. Certificate of Status Des	sired S8.75 Additional
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Curre	ent Registered Agent		7. Name and Address of	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Co	BOSTON	ΠΔΙ/ΙΠ		Name		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florica. I am familiar with, and access the obligations of registered agent. IGNATURE Sequince, typed or protect name of replaced agent and the if acciscable (NOTE, Reportmed Agent styrative required when reintating) DATE.	2262 ORCHARD ST JACKSONVILLE, FL 32209			Street Addres	ss (P.O. Box Number is Not Acce	ptable)
The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florica. I am familiar with, and acce the obligations of registered agent. IGNATURE Speakurs, types or printed name of registered agent and their applicable. IRCTE Registered Agent agenture required when serverance) OATE				City	 	FI Zip Code
IGNATURE Signature, typed or pretided rame of registered agent and the 1 acclosable. (NOTE Registered Agent signature required when reinflating) DATE	8. The above	named entity submits this statemen	t for the purpose of changing its	registered office or regis	stered agent, or both, in the State	
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THE ST-ZIP JACKSONVILLE, FL 32209 CITY-ST-ZIP TLE MAKE M	10.		ND DIRECTORS	11.		
ILE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAKE	TITLE NAME STREET ADDRESS	BOSTON, DAVID 2262 ORCHARD ST	☐ Delete	NAME STREET ADDRESS	40003 0\$/08/0401	55526 0.44 90 Addition 011017 **150.00
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