


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90192 016 ***163.75

DOCUMENT # P03000048734 1. Entity Name SPRINGROLL & BBQ, INC.																													
Principal Place of Business 12889 EMERALD COAST PKWY SUITE 105-B DESTIN FL 32550 US			Mailing Address % 5085 BUFORD HWY NE DORAVILLE GA 30340 US																										
2. Principal Place of Business 12889 EMERALD COAST PKWY W. Suite, Apt. #, etc. SUITE 105-B		3. Mailing Address 12889 EMERALD COAST PKWY W. Suite, Apt. #, etc. SUITE 105-B																											
City & State DESTIN, FLORIDA		City & State DESTIN, FLORIDA		4. FEI Number 55-0828654																									
Zip 32550		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent DAO, TRUYET L 12889 EMERALD COAST PKWY SUITE 105-B DESTIN FL 32550			7. Name and Address of New Registered Agent Name DAO, TRUYET L. Street Address (P.O. Box Number is Not Acceptable) 12889 EMERALD COAST PKWY W. SUITE 105-B City DESTIN FL Zip Code 32550																										
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  TRUYET L. M. DAO APR/21/04 <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 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DAO, TRUYET L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12889 EMERALD COAST PKWY SUITE 105-B</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DESTIN FL 32550</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	DAO, TRUYET L		STREET ADDRESS	12889 EMERALD COAST PKWY SUITE 105-B		CITY-ST-ZIP	DESTIN FL 32550		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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:  TRUYET L. M. DAO APR/21/04 (850)496-2834 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													