

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90199 013 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000051781

1. Trade Name
HOT ROCK GRILL & SUSHI, INC.



286 N Palafox
33 EAST CHASE STREET
PENSACOLA FL 32507

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33 EAST CHASE STREET
PENSACOLA FL 32507

24070925



2. Physical Place of Business		3. Mailing Address		03292004	Chg-P	CR2E034 (10/03)
City & State		City & State		4. FEI Number 51-0465388		Applied For (Not Applicable)
Zip	Country	Zip	Country	5. Certificate of Status Desired		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STURGEN, WILLIAM MARK JR. 2253 COUNTRY PLACE CIRCLE PENSACOLA, FL 32534-9501		Name Street Address (P.O. Box Number is NOT Acceptable) City	
		FL Zip + Code	

I, the above signed entity, submit 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 _____ DATE _____
Signature, typed or printed name of registered agent and state of residence. (NOTE: Registered Agent Signature required when necessary)

FILE NUMBER: FEE IS \$150.00 After May 1, 2004 Fee will be \$850.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVERDORP, LISA S 424 N. BARCELONA STREET PENSACOLA, FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DI V-Pres / Sec. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVERDORP, LEWIS M 424 N. BARCELONA STREET PENSACOLA, FL 32501 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DI Pres. / Treas. <input checked="" type="checkbox"/> Change <input 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
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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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(8)(a), 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, changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: [Signature] Date: 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR