

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90071 011 ***150.00

DOCUMENT # P03000056221

1. Entity Name
MARTIN HARRIS RESTAURANTS, INC.



Principal Place of Business Mailing Address
16613 HUTCHINSON RD. ODESSA FL 33556-2350

2. Principal Place of Business 3. Mailing Address
10706 COUNTRYWAY BLVD TAMPA, FL 33626
12157 Linebaugh AVE P.M. B. 360

City & State City & State
TAMPA, FL TAMPA, FL

Zip Country Zip Country
33624 33556



MOORE CR2E034 (11/03)

4. FEI Number **45-1196297** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
HARRIS, RICHARD
16613 HUTCHINSON RD.
ODESSA FL 33556-2350

7. Name and Address of New Registered Agent
 Name: **HARRIS, RICHARD**
 Street Address (P.O. Box Number is Not Acceptable): **16613 HUTCHINSON RD**
 City: **TAMPA** State: **FL** Zip Code: **33556**

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: *[Signature]* DATE: **3/31/04**

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
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MIRIAU HARRIS, MIRIAU 11727 CARROLLWOOD COVE DR. TAMPA FL 33627	<input type="checkbox"/> Delete <i>change spelling</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, RICHARD 16613 HUTCHINSON RD. ODESSA FL 33556-2350	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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(3)(f), 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: *[Signature]* **R. M. HARRIS, Pres.** DATE: **3/31/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #