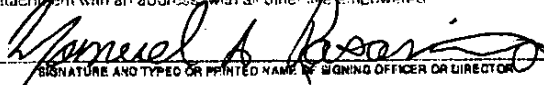


FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90175 036 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000059957					
1. Entity Name GEORGE'S ROTISSERIE CHICKEN, INC.					
Principal Place of Business 8 4TH STREET N ST. PETERSBURG, FL 33701			Mailing Address 8 4TH STREET N ST. PETERSBURG, FL 33701		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FE Number 36-2366415				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				CR2E034 (10/03)	
6. Name and Address of Current Registered Agent ROSARIO, MANUEL 8 4TH STREET N ST PETERSBURG, FL 33701			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
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, typed or printed name of registered agent and title if also holder. (NOTE: Registered Agent signature required with annual report.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2005		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Add		
NAME	ROSARIO, MANUEL	NAME			
STREET ADDRESS	8 4TH STREET N	STREET ADDRESS			
CITY-STATE-ZIP	ST PETERSBURG, FL 33701	CITY-STATE-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Add		
NAME	BONO, MARISEL	NAME			
STREET ADDRESS	8 4TH ST N	STREET ADDRESS			
CITY-STATE-ZIP	SAINT PETERSBURG, FL 33701	CITY-STATE-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Add		
NAME	ROSARIO, MOJSE A	NAME			
STREET ADDRESS	8 4TH ST N	STREET ADDRESS			
CITY-STATE-ZIP	SAINT PETERSBURG, FL 33701	CITY-STATE-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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, on an attachment with an address with all other individuals empowered.					
SIGNATURE: 			2/28/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		