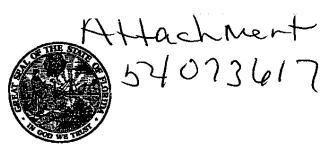
## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Sep 30, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P0300064 TAURANT CONCEPTS, INC			09-30-2004 90011 044 ***150.00
1	* * *	• •		
3405 PEUCA BUILDING A S	e of Business IN LANDING PARKWAY SUITE #1; UNIT #3 INGS, FL 33923	Mailing Address 2833 SURF SIDE BOULE CAPE CORAL, FL 33914		54073617
Principal Place of Business     3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		07012004 Chg-P CR2E034 (10/03)
City & State	e (	City & State		4. FEI Number Applied For Not Applicable
Zip 	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	5. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
17274 SAN SUITE #20	EDWARD A N CARLOS BOULEVARD 02 ERS BEACH, FL 33931		Street A	Address (P.O. Box Number is Not Acceptable)
1 Oitt Mill	1		City	FL Zip Code
	named critity submits this statement fo tions of registered agent.	the purpose of changing its	registered office or	or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typics or printed name of registered agent	Allec-	Periods and Account signature	9-1-04 seure required when reinstating) DATE
	LE NOW!!! FEE IS \$150,00 ue by September 8, 2004	9. Election Campai Trust Fund Contr	on Financing	\$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10,	OFFICERS AND	DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE HAME STREET ADDRESS CITY-ST-ZIP	D	☐ Defaie	TITLE HAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME	D IANNELLI, JAMES	Delete Delete	TITLE NAME	D Change X Addition
STREET ADDRESS CITY-ST-ZIP	1710 DIXIE BEACH BLVD. SANIBEL, FL 33957		STREET ADDRESS CITY-ST-ZIP	MASIE, LINDA 2833 SURF SIDE BLVD
NAME STREET ADDRESS -CITY-ST-ZIP-	D IANNELLI, GARY 2833 SURF SIDE BOULEVARD CAPE CORAL, FL- 33914	Delete	TITLE NAME STREET ADDRESS	CABESCORAL., FL 33944 □ Change □ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME	:	☐ Delete	CITY-ST-ZIP TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	,	•	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET AUDRESS CITY-ST-ZIP	
indicated of the cor	I on this report or supplemental report is poration or the receiver or trustee empty, or on an attachment with an address.	true and accurate and that nowered to execute this report	y signature shall has required by Cha	lated in Section 119.07(3)(i), Florida Statutes, I further certify that the information have the same legal effect as if made under oath; that I am an officer or director hapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State:

September 8, 2004

I. B. RESTAURANT CONCEPTS, INC. 2833 SURF SIDE BOULEVARD CAPE CORAL, FL 33914

Subject: I. B. RESTAURANT CONCEPTS, INC.

---Reference Number: ----P03000064771

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/ML ANNUAL REPORTS SECTION