

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90358 024 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000069077

1. Entity Name
A & J RESTAURANT GROUP, INC.



Principal Place of Business
10201 SHADOW BRANCH DRIVE
TAMPA, FL 33647

Mailing Address
10201 SHADOW BRANCH DRIVE
TAMPA, FL 33647

2. Principal Place of Business 14306-D
NORTH DALE MARRY HWY
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
TAMPA, FL
Zip
33618
Country
U.S.A.

City & State
Zip
Country

04262004 Chg-P CR2E034 (10/03)

4. FEI Number 56-2378042
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JACOBS, ROBERT A
10201 SHADOW BRANCH DRIVE
TAMPA, FL 33647

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME JACOBS, ROBERT A
STREET ADDRESS 10201 SHADOW BRANCH DRIVE
CITY-ST-ZIP TAMPA, FL 33647 ☐ Delete

TITLE SEC.
NAME JACOBS, JULIANN R
STREET ADDRESS 10201 SHADOW BRANCH DRIVE
CITY-ST-ZIP TAMPA, FL 33647 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. JACOBS

4.27.2004

Date

813.264.4797

Daytime Phone #