


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90057 025 \*\*\*150.00

<b>DOCUMENT # P03000077208</b> 1. Entity Name <b>CRACKERS BURGERS &amp; MORE, INC.</b>			
Principal Place of Business <b>4051 GULF SHORE BLVD NORTH #504</b> <b>NAPLES, FL 34103</b>		Mailing Address <b>4051 GULF SHORE BLVD NORTH #504</b> <b>NAPLES, FL 34103</b>	
2. Principal Place of Business <i>LOCATION:</i> <b>493 AIRPORT RD. NO.</b> <b>Crackers, Burgers &amp; More</b>		Mailing Address <b>NAPLES, FL 34104</b> <b>Crackers, Burgers &amp; More</b>	
Suite, Apt., #, etc. <b>368 Industrial Bld.</b>		Suite, Apt., #, etc. <b>368 Industrial Bld.</b>	
City & State <b>Naples, FL 34104-3704</b>		City & State <b>Naples, FL 34104-3704</b>	
Zip <b>34104-3704</b>		Zip <b>34104-3704</b>	
4. FEI Number <b>47-0923077</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MULLIN, LOUISA</b> <b>4051 GULF SHORE BLVD NORTH #504</b> <b>NAPLES, FL 34103</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <i>Louisa Mullin</i> <span style="float: right;">MAR 22 2004</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b>	NAME <b>MULLIN, LOUISA</b>	TITLE <b>D</b>	NAME <b>MULLIN, LOUISA</b>
STREET ADDRESS <b>4051 GULF SHORE BLVD NORTH #504</b>	CITY-ST-ZIP <b>NAPLES, FL 34103</b>	STREET ADDRESS <b>4051 GULF SHORE BLVD NORTH #504</b>	CITY-ST-ZIP <b>NAPLES, FL 34103</b>
TITLE <b>D</b>	NAME <b>HERRMANN, ANDRE</b>	TITLE <b>D</b>	NAME <b>HERRMANN, ANDRE</b>
STREET ADDRESS <b>4051 GULF SHORE BLVD NORTH #504</b>	CITY-ST-ZIP <b>NAPLES, FL 34103</b>	STREET ADDRESS <b>4051 GULF SHORE BLVD NORTH #504</b>	CITY-ST-ZIP <b>NAPLES, FL 34103</b>
TITLE <b>MUNK, LINDA</b>	NAME <b>MUNK, LINDA</b>	TITLE <b>MUNK, LINDA</b>	NAME <b>MUNK, LINDA</b>
STREET ADDRESS <b>493 AIRPORT RD. NO.</b>	CITY-ST-ZIP <b>NAPLES, FL 34104</b>	STREET ADDRESS <b>493 AIRPORT RD. NO.</b>	CITY-ST-ZIP <b>NAPLES, FL 34104</b>
TITLE <b>D</b>	NAME <b>MUNK, LINDA</b>	TITLE <b>D</b>	NAME <b>MUNK, LINDA</b>
STREET ADDRESS <b>493 AIRPORT RD. NO.</b>	CITY-ST-ZIP <b>NAPLES, FL 34104</b>	STREET ADDRESS <b>493 AIRPORT RD. NO.</b>	CITY-ST-ZIP <b>NAPLES, FL 34104</b>
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: <i>Louisa Mullin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		MAR 22 2004 <small>Date Daytime Phone #</small>	