2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 31, 2005 8:00 am
Secretary of State

04-27-2005 90338 005 ***150.00

DOCUMENT # P04000007581

1. Entity Name

50'S HAPPY DAYS DRIVE-IN, INC.

1st MOORE CR2E034 (10/04)

Principal Place of Business	Mailing Address
~~1900 SOUTH US HIGHWAY ONE~~ ~~FORT PIERCE FL 34950~~ 1133 BAYSHORE DR. 204 FORT PIERCE, FL, 34949	~~1900 SOUTH US HIGHWAY ONE~~ ~~FORT PIERCE FL 34950~~ 1133 BAYSHORE DR, 204 FORT PIERCE, FL, 34949
2. Principal Place of Business: Same	3. Mailing Address: Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number — Applied For / [X] Not Applicable

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

6. Name and Address of Current Registered Agent

TORTORA, BENITO
~~1900 SOUTH US HIGHWAY ONE~~
~~FORT PIERCE FL 34950~~
1133 BAYSHORE DR. 204
FORT PIERCE, FL, 34949

7. Name and Address of New Registered Agent

Name: Same
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] BENITO TORTORA — DATE: 4-15-05

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, 2005 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	PRESIDENT	☐ Delete
NAME	BENITO TORTORA	
STREET ADDRESS	1133 BAYSHORE DR, 204	
CITY-ST-ZIP	FORT PIERCE, FL. 34949	
TITLE	DIRECTOR	☐ Delete
NAME	BENITO TORTORA	
STREET ADDRESS	1133 BAYSHORE DR, 204	
CITY-ST-ZIP	FORT PIERCE, FL, 34949	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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] BENITO TORTORA — 4-15-05 — 772-359-8776

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