## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000075362

Address:

City-St-Zip:

FILED Apr 05, 2005 Secretary of State

Entity Name: MHR STEAKHOUSE OF NAPLES, INC. **Current Principal Place of Business: New Principal Place of Business:** 4744 NORTH DALE MABRY HIGHWAY TAMPA, FL 33614 **Current Mailing Address: New Mailing Address:** 4744 NORTH DALE MABRY HIGHWAY TAMPA, FL 33614 FEI Number: 20-1373924 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCINTOSH, ANDREW L C/O PIPER RUDNICK LLP 101 EAST KENNEDY BOULEVARD, SUITE 2000 TAMPA, FL 33602 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition SELTZER, MICHAEL Name: Name: SELTZER, MICHAEL 4744 NORTH DALE MABRY HIGHWAY 4744 NORTH DALE MABRY HIGHWAY Address: Address: City-St-Zip: TAMPA, FL 33614 City-St-Zip: TAMPA, FL 33614 Title: () Delete Title: **VPAS** ( ) Change (X) Addition Name: Name: BLOOM, HYMAN 4744 NORTH DALE MABRY HWY Address: Address: TAMPA, FL 33614 City-St-Zip: City-St-Zip: Title: Title: () Delete ( ) Change (X) Addition Name: DUBROVSKY, RICHARD Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MICHAEL SELTZER P 04/05/2005

4744 NORTH DALE MABRY HWY

TAMPA, FL 33614