

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90216 024 \*\*\*150.00

**DOCUMENT # P04000096594**

1. Entity Name  
**PICASSO'S RESTAURANTS, INCORPORATED**



Principal Place of Business  
**6851 DISTRIBUTION AVENUE SOUTH  
JACKSONVILLE, FL 32256**

Mailing Address  
**6851 DISTRIBUTION AVENUE SOUTH  
JACKSONVILLE, FL 32256**

**20042927**



2. Principal Place of Business

**6811 PHILLIPS IND. BLVD**  
Suite, Apt. #, etc.

3. Mailing Address

**6811 PHILLIPS INDUST. BLVD**  
Suite, Apt. #, etc.

04192005 Chg-P CR2E034 (10/03)

City & State

**JACKSONVILLE, FL**

City & State

**JACKSONVILLE FL**

4. FEI Number

**201281905**

Applied For

Not Applicable

Zip  
**32256**

Country  
**FLORIDA**

Zip  
**32256**

Country  
**FLORIDA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PERRONE, ANTHONY F ESQ.  
6851 DISTRIBUTION AVENUE SOUTH  
JACKSONVILLE, FL 32256**

7. Name and Address of New Registered Agent

Name  
**DON BRINDLEY**  
Street Address (P.O. Box Number is Not Acceptable)  
**1155 PONTE VEDRA BLVD**  
City  
**PONTE VEDRA BCH FL** Zip Code  
**32082**

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

*Don M. Brindley*

*Don M. Brindley*

*4/19/05*

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**P**  
NAME  
**BRINDLEY, DON**  
STREET ADDRESS  
**6851 DISTRIBUTION AVENUE SOUTH**  
CITY-ST-ZIP  
**JACKSONVILLE, FL 32256**

TITLE  
**Change**  
NAME  
**BRINDLEY, DON**  
STREET ADDRESS  
**6811 PHILLIPS IND. BLVD.**  
CITY-ST-ZIP  
**JACKSONVILLE, FL 32256**

TITLE  
**V**  
NAME  
**EVANS, CHRISTOPHER T**  
STREET ADDRESS  
**2051 KNOTTINGHAM TRACE LANE**  
CITY-ST-ZIP  
**JACKSONVILLE, FL 32246**

TITLE  
**Change**  
NAME  
**EVANS, CHRISTOPHER T**  
STREET ADDRESS  
**2256 LAKE FERN DR. E**  
CITY-ST-ZIP  
**JACKSONVILLE, FL 32258**

TITLE  
**ST**  
NAME  
**HAGUE, EILEEN**  
STREET ADDRESS  
**6851 DISTRIBUTION AVENUE SOUTH**  
CITY-ST-ZIP  
**JACKSONVILLE, FL 32256**

TITLE  
**Change**  
NAME  
**HAGUE, EILEEN**  
STREET ADDRESS  
**6811 PHILLIPS INDUST. BLVD**  
CITY-ST-ZIP  
**JACKSONVILLE, FL 32256**

TITLE  
**Delete**  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
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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 lines empowered.

SIGNATURE:

*Don M. Brindley*

*4/19/05* *904-292-4050*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #