


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90092 009 \*\*\*150.00

<b>DOCUMENT # P04000101909</b> 1. Entity Name <b>COLLINS FAMILY RESTAURANTS, INC.</b>			
Principal Place of Business <b>7087 GRAND NATIONAL DR SUITE 100 ORLANDO, FL 32819</b>		Mailing Address <b>7087 GRAND NATIONAL DR SUITE 100 ORLANDO, FL 32819</b>	
2. Principal Place of Business <b>8091 - 66<sup>th</sup> Street N.</b>		3. Mailing Address <b>8091 - 66<sup>th</sup> Street N.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Pinellas Park, FL</b>		City & State <b>Pinellas Park, FL</b>	
Zip <b>33782</b>		Zip <b>33782</b>	
Country 		Country 	
4. FEI Number <b>20-258418</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>LAVIGNE, JAMES R</b> <b>7087 GRAND NATIONAL DR SUITE 100</b> <b>ORLANDO, FL 32819</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>JARED COLLINS</b> Street Address (P.O. Box Number is Not Acceptable) <b>8091 - 66<sup>th</sup> Street N.</b> City <b>Pinellas Park</b> <b>FL</b> Zip Code <b>33782</b>	
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 <u><i>J. Collins</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>COLLINS, JARED</b> <b>6 BEACON ROAD SEAFORD EAST SUSSEX</b> <b>BN25 2NB UNITED KINGDOM,</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>COLLINS, JARED</b> <b>8091 - 66<sup>th</sup> STREET N.</b> <b>PINELLAS PARK, FL 33782</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>COLLINS, NATASHA</b> <b>6 BEACON ROAD SEAFORD EAST SUSSEX</b> <b>BN25 2NB UNITED KINGDOM,</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>COLLINS, NATASHA</b> <b>8091 - 66<sup>th</sup> STREET N.</b> <b>PINELLAS PARK, FL 33782</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>J. Collins</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u><i>JARED COLLINS</i></u> DIRECTOR Date _____ Daytime Phone # _____	

40047000



03092005 Chg-P CR2E034 (10/03)