


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P33320 1. Entity Name FAZOLI'S SYSTEMS, INC.	
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Principal Place of Business 2470 PALUMBO DR. LEXINGTON, KY 40509	Mailing Address 2470 PALUMBO DR. LEXINGTON, KY 40509
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
61-1202178 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOYODA, KUNIHIDE 2470 PALUMBO DR. LEXINGTON, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOO ALBRITTON, WAYNE M 2470 PALUMBO DR LEXINGTON, KY 40509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCO FINE, REBECCA 2470 PALUMBO DR LEXINGTON, KY 40509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF SMITH, DAVID 2470 PALUMBO DR. LEXINGTON, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NELSON, SAM P 2470 PALUMBO DR LEXINGTON, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGCS MOORE, ELIZABETH 2470 PALUMBO DR LEXINGTON, KY 40509

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01/26/04-80022-012 300.00

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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:  **David Smith** 01/07/2004 (859) 825-6277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #