

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 17, 2004 8:00 am**  
**Secretary of State**

06-17-2004 90002 013 \*\*\*550.00

**DOCUMENT # P93000002075**



1. Entity Name  
**BUFFALO'S REEF RESTAURANT CONCEPTS, INC.**

Principal Place of Business  
**640 POMPANO AVENUE  
FORT WALTON BEACH, FL 32548 US**

Mailing Address  
**640 POMPANO AVENUE  
FORT WALTON BEACH, FL 32548 US**

**54057780**



2. Principal Place of Business  
**116 EGLIN PRKWAY NE**

3. Mailing Address  
**116 EGLIN PARKWAY NE**

Suite, Apt. #, etc.

06082004 Chg-P CR2E034 (10/03)

City & State  
**FORT WALTON BEACH FL**

City & State  
**FORT WALTON BEACH**

Zip  
**32548** Country

Zip  
**32548** Country

4. FEI Number  
**59-3163251**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LESLIE, HAROLD  
2454 CENTERVILLE ROAD  
TALLAHASSEE, FL 32308**

**7. Name and Address of New Registered Agent**

Name  
**MICHAEL C. HANLEY**

Street Address (P.O. Box Number is Not Acceptable)  
**3807 CHERRYWOOD CT**

City  
**NICHVILLE** FL Zip Code  
**32578**

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 **MICHAEL C. HANLEY**

*Michael C. Hanley*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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  
HANLEY, MICHAEL  
640 POMPANO AVE.  
FORT WALTON BEACH, FL 32548**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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: *Michael C. Hanley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/10/04** **(850) 243-5349**

Date Daytime Phone #