## **2005 FOR PROFIT CORPORATION**

## Apr 29, 2005 8:00 am Secretary of State ANNUAL REPORT 04-29-2005 90269 007 \*\*\*150.00 **DOCUMENT # P94000018348** 1. Entity Name LANDRY'S SEAFOOD HOUSE - FLORIDA, INC. 14010 Principal Place of Business Mailing Address 1510 WEST LOOP SOUTH 1510 WEST LOOP SOUTH HOUSTON, TX 77027 HOUSTON, TX 77027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 76-0428663 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City Zip Code FL 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. Signature, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Delete TITLE TITLE ☐ Change ☐ Addition FERTITTA, TILMAN J NAME NAME STREET ADDRESS 1510 WEST LOOP SOUTH STREET ADDRESS HOUSTON, TX 77027 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition SCHEINTHAL, STEVEN L NAME NAME STREET ADDRESS 1510 WEST LOOP SOUTH STREET ADDRESS CITY-ST-7IP HOUSTON, TX 77027 CITY - ST - ZIP Delete TITLE TITLE ☐ Change Addition NAME WEST, PAUL S NAME 1510 WEST LOOP SOUTH STREET ADDRESS STREET ADDRESS HOUSTON, TX 77027 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 like empowered.

AG OFFICER OR DIRECTOR

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Defete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

 $\overline{\phantom{a}}$ SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Change

☐ Addition

FILED