

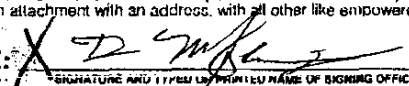
Apr 28 04 01:53p

Jay Wunder, C.P.A.

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90427 010 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P94000054049					
1. Entity Name CHANTALLES RESTAURANT, INC.					
Principal Place of Business 3822 TAMiami TRAIL PORT CHARLOTTE, FL 33952			Mailing Address 3822 TAMiami TRAIL PORT CHARLOTTE, FL 33952		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3822 Tamiami Trail			
City & State Zip		City & State Port Charlotte Fla. Zip 33952		Country USA	
4. FEI Number 65-0511857		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GUNDERSON, MIKO P % BATSEL MCKINLEY ITTERSAGEN GUNDERSON 1861 PLACIDA RD., SUITE 104 ENGLEWOOD, FL 34223			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when completing)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MCKINNEY, DAVID S. 3822 TAMiami TR. PORT CHARLOTTE, FL 33952		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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: 			4-28-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Days/Mo/Year		