

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

05-03-2004 90852 001 ***450.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000055618

1. Entity Name

JACKSONVILLE RESTAURANTS, INC.



Principal Place of Business

147 DELTA DRIVE
PITTSBURGH, PA 15238

Mailing Address

147 DELTA DRIVE
PITTSBURGH, PA 15238

66418202



02132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3256722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCLURE, ROBERT W
500 FIFTH AVENUE SOUTH
SUITE 509
NAPLES, FL 34102

ADDRESS CHANGE:
3461 BONITA BAY BLVD
SUITE 101
BONITA SPRINGS FL
34134

**DO NOT WRITE
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 ROBERT W. MCCLURE - PLEASE NOTE ADDRESS CHANGE ABOVE

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

(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	PD
NAME	DELLIGATTI, ELEANOR B
STREET ADDRESS	147 DELTA DRIVE
CITY - ST - ZIP	PITTSBURGH, PA 15238
TITLE	STV
NAME	HUBERT, DANIEL E
STREET ADDRESS	147 DELTA DRIVE
CITY - ST - ZIP	PITTSBURGH, PA 15238
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04

Date

412/963-6550

Daytime Phone #