

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000077408 1. Entity Name BRANDON RESTAURANT GROUP, INC.	
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Principal Place of Business 2325 ULMERTON RD SUITE 20 CLEARWATER, FL 33762 US	Mailing Address 2325 ULMERTON RD SUITE 20 CLEARWATER, FL 33762 US
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07232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3286181	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MORRIS, GREGORY D 2325 ULMERTON ROAD SUITE 20 CLEARWATER, FL 33762	DO NOT WRITE IN THIS SPACE
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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 file 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	DC BULLARD, FRED B JR 2325 ULMERTON ROAD SUITE 20 CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BULLARD, KAROL K 2325 ULMERTON ROAD SUITE 20 CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPT MORRIS, GREGORY D 2325 ULMERTON ROAD SUITE 20 CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LOIANCAND, WILLIAM 2325 ULMERTON RD, SUITE 20 CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000168614
07/28/04-80003-009 550.00

**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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/04 727-576-6424
Date Daytime Phone #