

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000080594

FILED
Apr 27, 2004
Secretary of State

Entity Name: ROYAL PALM HAMMOCK RESTAURANT CORPORATION

Current Principal Place of Business:

19800 E TAMIAMI TRAIL
NAPLES, FL 34114 US

New Principal Place of Business:

Current Mailing Address:

913 N. BARFIELD DR
MARCO ISLAND, FL 34145 US

New Mailing Address:

19800 E TAMIAMI TRAIL
NAPLES, FL 34114 US

FEI Number: 65-0536110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OZKAN, FIGEN
913 N BARFIELD DRIVE
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

CYPHERS, MICHAEL P
19800 E.TAMIAMI TRAIL
NAPLES, FL 34114 US

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.

SIGNATURE: MICHAEL CYPHERS

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REFIK, PEKSEN
Address: 913 N BARFIELD DR
City-St-Zip: MARCO ISLAND, FL

Title: VP () Delete
Name: OZKAN, FIGEN
Address: 913 N BARFIELD DR
City-St-Zip: MARCO ISLAND, FL

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CYPHERS, MICHAEL
Address: 19800 E.TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34114 US

Title: VP (X) Change () Addition
Name: BROGAN, FELICIA
Address: 19800 E.TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34114 US

Title: TRS () Change (X) Addition
Name: PEKSEN, REFIK
Address: 913 N.BARFIELD DR
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: SEC () Change (X) Addition
Name: OZKAN, FIGEN
Address: 913 N.BARFIELD DR.
City-St-Zip: MARCO ISLAND, FL 34145 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CYPHERS

PD

04/27/2004

Electronic Signature of Signing Officer or Director

Date