

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 22 PM 1:28

DOCUMENT # P95000014437 1. Entity Name FIREHOUSE RESTAURANT GROUP, INC.	
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Principal Place of Business 3410 KORI RD JACKSONVILLE, FL 32257 US	Mailing Address 3410 KORI RD JACKSONVILLE, FL 32257 US
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DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-3288186	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SOERSEN, CHRIS FIREHOUSE SUBS HEADQUARTERS 3410 KORI RD JACKSONVILLE, FL 32257
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**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 _____
(Signature, typed or printed name of registered agent and title if applicable) (Typed) Registered Agent of business (Typed) Agent of business (Typed) Agent of business DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOERSEN, ROBIN O 3410 KORI ROAD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOERSEN, CHRIS R 3410 KORI ROAD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOOST, STEPHEN C 3410 KORI RD JACKSONVILLE, FL 32257
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Robin Soersen 4/28/05 904.886.8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Phone #