2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2004 08:00 AM Secretary of State **DOCUMENT # P95000052454** 1. Entity Name JESSE'S STEAKS & SEAFOOD, INC. Principal Place of Business Mailing Address 524 WEST BRANDON BLVD. 524 WEST BRANDON BLVD. BRANDON, FL 33511 BRANDON, FL 33511 %F51,,,1.010F& 04082004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent EDENFIELD, MICHAEL S ESQ DO NOT WRITE 206 MASOM STREET BRANDON, FL 33511 IN THIS SPACE 3. 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 (NOYE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. HHE RANE D'AMICO, FRANK J STREET ADDRESS 524 WEST BRANDON BLVD. CITY-ST-ZIP BRANDON, FL 33511 U00000109711 04/12/04-80054-011 150.00 MLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-53-ZIP TITLE IN THIS SPACE NAM STREET ADDRESS CTTY-ST-ZZP TITLE MAKE STREET ADDRESS CHY-51-20P

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 registric 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 trusted spowered 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 attachmen

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP