

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000083759

FILED
Apr 01, 2004
Secretary of State

Entity Name: JOSEPH'S ITALIAN RESTAURANT, INC.

Current Principal Place of Business:

9802 BAYMEADOWS RD
#19
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

6230 GRAYLING DR
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-3337905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATEH, SUZANNE
208 15TH AVENUE SOUTH
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BATEH, SUZANNE
Address: 208 15TH AVENUE SOUTH
City-St-Zip: JACKSONVILLE, FL 32250

Title: D () Delete
Name: HANANIA, SANDRA
Address: 6230 GRAYLING DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: HANANIA, HANANIA M
Address: 6230 GRAYLING DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HANANIA, SANDRA
Address: 12977 HUNTLEY MANOR DR
City-St-Zip: JACKSONVILLE, FL 32224

Title: D (X) Change () Addition
Name: HANANIA, HANANIA M
Address: 12977 HUNTLEY MANOR DR.
City-St-Zip: JACKSONVILLE, FL 32224

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: HANANIA M. HANANIA

OFFI

04/01/2004

Electronic Signature of Signing Officer or Director

_____ Date