

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90059 006 ***150.00

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1. Entity Name

FIRST COAST RESTAURANT GROUP, INC.



Principal Place of Business

9951 ATLANTIC BLVD
STE 234
JACKSONVILLE FL 32225
US

Mailing Address

9951 ATLANTIC BLVD
STE 234
JACKSONVILLE FL 32225
US

2. Principal Place of Business

105 Cannon Ct W

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach FL

City & State

FL

4. FEI Number

52-1994017

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name Skip Attinger

Street Address (P.O. Box Number is Not Acceptable)

105 Cannon Ct W

City Ponte Vedra Beach

FL

Zip Code 32082

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Skip Attinger 2/10/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ATTINGER, FRANK S
STREET ADDRESS 9840 ATLANTIC BLVD
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE D ☐ Delete
NAME SMITH, F. BEAUVEN
STREET ADDRESS 1644 DUKE OF WINDSOR RD
CITY-ST-ZIP VIRGINIA BEACH VA 23454

TITLE SD ☐ Delete
NAME BARLI, PETER
STREET ADDRESS 9951 ATLANTIC BLVD, SUITE 235
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Skip Attinger 2/10/04