2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 04, 2004 8:00 am Secretary of State **DOCUMENT # P96000064357** 1. Entity Name 02-04-2004 90029 025 ***150.00 EAST COAST RESTAURANT EQUIPMENT, INC. Principal Place of Business Mailing Address **830 S 3 STREET 830 S 3 STREET SUITE 102** SUITE 102 JACKSONVILLE BCH FL 32250 JACKSONVILLE BCH FL 32250 3. Mailing Address 2. Principal Place of Business 501 TOURNAMENS 30-13 A1A Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For 4. FEI Number City & State City & State 59-3408644 0150 UD DA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ST INNS 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRAY, RONALD Street Address (P.O. Box Number is Not Acceptable) 221 CHARLEMAGNE CIRCLE 12NB MBNI PONTE VEDRA BEACH FL 32082 Zip Code **32081** 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. ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Delete Addition TITLE TITLE NAME **RONALD GRAY** NAME TOURNAMENT RD STREET ADDRESS STREET ADDRESS 221 CHARLEMAGNE CIRCLE PONTE VEDRA BCH FL 32082 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-Z/P ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

GRAYA

idress, with all other like empowered

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