

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90046 004 ***150.00

DOCUMENT # P98000087994

1. Entity Name
DURANGO STEAKHOUSE OF VENICE, INC.



Principal Place of Business
**2325 ULMERTON ROAD
SUITE 20
CLEARWATER, FL 33762**

Mailing Address
**2325 ULMERTON ROAD
SUITE 20
CLEARWATER, FL 33762**

94022347



01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3537903	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CFRA, LLC
777 SOUTH HARBOR ISLAND BLVD
5TH FLOOR
TAMPA, FL 33602-5730**

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election: Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BULLARD, FRED B JR
STREET ADDRESS	2325 ULMERTON ROAD STE 20
CITY-ST-ZIP	CLEARWATER, FL 33762

TITLE	D
NAME	BULLARD, KAROL K
STREET ADDRESS	2325 ULMERTON ROAD STE 20
CITY-ST-ZIP	CLEARWATER, FL 33762

TITLE	VP
NAME	MORRIS, GREGORY D
STREET ADDRESS	2325 ULMERTON RD STE 20
CITY-ST-ZIP	CLEARWATER, FL 33762

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/04

7275266424