

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90003 036 ***150.00

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1. Entity Name
DURANGO'S STEAKHOUSE OF EAST ORLANDO, INC.



Principal Place of Business
**10222 E. COLONIAL DRIVE
ORLANDO, FL 32817**

Mailing Address
**6767 N. WILKHAM RD.
#400
MELBOURNE, FL 32940**

03013110



01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3541674

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MORRIS, GREG
2325 ULMERTON RD.
STE 20
CLEARWATER, FL 33762**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
POORE, DAVID
215 BAYTREE DRIVE SUITE 1
MELBOURNE, FL 32940**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BJERNING, EUGENE
215 BAYTREE DRIVE SUITE 1
MELBOURNE, FL 32940**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DOBSON, ROGER
215 BAYTREE DRIVE SUITE 1
MELBOURNE, FL 32940**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BULLARD, FRED
2325 ULMERTON RD
CLEARWATER, FL 33762**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MORRIS, GREGORY D
3325 ULMERTON RD., STE. 20
CLEARWATER, FL 33762**

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

3/01/04

Date

727.576.6424

Daytime Phone #