

**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90030 004 ***150.00

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1. Entity Name
RESTAURANT EXPRESS OF BREVARD, INC.



Principal Place of Business
1167 WILDROSE DR NE
PALM BAY, FL 32905

Mailing Address
1167 WILDROSE DR NE
PALM BAY, FL 32905

94035247



01092004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-3564736

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ROSSETTI, JEFFREY
1167 WILDROSE DR NE
PALM BAY, FL 32905

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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	PSD
NAME	ROSSETTI, JEFFREY
STREET ADDRESS	1167 WILDROSE DR NE
CITY- ST- ZIP	PALM BAY, FL 32905
TITLE	VT
NAME	ROSSETTI, DARA
STREET ADDRESS	1167 WILDROSE DR. NE
CITY- ST- ZIP	PALM BAY, FL 32905
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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: JEFFREY J Rossetti 03-16-04 321-956-0113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #