2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000108699

LARSEN, BARBARA

ORLANDO, FL 32803

800 N. MAGNOLIA AVENUE

Name:

Address:

City-St-Zip:

Entity Name: VERO BEACH RESTAURANT INC

FILED Jan 16, 2004 Secretary of State

| LINITY NAME: VERO BEACH RESTAURANT, INC. | | | | | |
|---|--|----------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 6200 20TH RM 458 VERO BEA | HSTREET ACH, FL 3296 | 6 US | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | STABLE HSTREET RM ACH, FL 3296 | | | | |
| FEI Number: | : 59-3615565 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 4190 S TR | , RICHARD ROPICAL TRAI ISLAND, FL 3 | | | | |
| | e named entity e of Florida. | submits this statement for the p | ourpose of changing its registere | d office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electro | nic Signature of Registered Age | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D (LARSEN, RICH 800 N. MAGNO ORLANDO, FL | LIA AVENUE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (WAGNER, RIC 800 N. MAGNO ORLANDO, FL | LIA AVENUE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (BUFFALO, BR' 800 N. MAGNO ORLANDO, FL | LIA AVENUE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: | D (|) Delete | Title: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD WAGNER D 01/16/2004