

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # S13656
 1. Entity Name
 RESTAURANT ADVENTURES, INC.

Principal Place of Business Mailing Address
 1016 EAST SEMORAN BLVD 1016 EAST SEMORAN BLVD
 CASSELBERRY, FL 32751 CASSELBERRY, FL 32751



07202004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3038859 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent
 ALDERS, SUSAN
 105 OAKLEIGH DR
 MAITLAND, FL 32751

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]* DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

U00000171766
 09/08/04-80004-017 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST ALDERS, BLAKE C 105 OAKLEIGH DR MAITLAND, FL 32751
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TITLE NAME STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *[Signature]* 8/31/04 /Date Daytime Phone #