

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S29213

FILED
Feb 18, 2004
Secretary of State

Entity Name: HOOTERS OF WELLS STREET, INC.

Current Principal Place of Business:

26133 US HWY 19 NORTH
STE 100
CLEARWATER, FL 33763019 US

New Principal Place of Business:

26133 US HWY 19 NORTH
STE 100
CLEARWATER, FL 33763 US

Current Mailing Address:

26133 US HWY 19 NORTH
STE 100
CLEARWATER, FL 33763019 US

New Mailing Address:

FEI Number: 59-3060381 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIEFER, NEIL G.
26133 US HWY 19 NORTH
STE 100
CLEARWATER, FL 337632019 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KIEFER, NEIL G.
Address: 7296 BRYCE POINT
City-St-Zip: PINELLAS PARK, FL 33782

Title: DVP () Delete
Name: DIGIANNANTONIO, GILB, ERT
Address: 3717 WOODRIDGE PLACE
City-St-Zip: PALM HARBOR, FL

Title: DST () Delete
Name: RANIERI, WILLIAM
Address: 949 SKYE LANE
City-St-Zip: PALM HARBOR, FL 34680

Title: D () Delete
Name: DROSTE, EDWARD C.,
Address: 1700 MCMULLEN BOOTH RD.
City-St-Zip: CLEARWATER, FL

Title: D () Delete
Name: JOHNSON, DENNIS,
Address: 277 ABERDEEN STREET
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: NEIL G. KIEFER

PD

02/18/2004

Electronic Signature of Signing Officer or Director

Date