


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S30895 1. Entity Name 8132 STEAKHOUSE, INC.	
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Principal Place of Business 8132 TROUT RIVER DR JACKSONVILLE, FL 32208	Mailing Address 8132 TROUT RIVER DR JACKSONVILLE, FL 32208
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DO NOT WRITE IN THIS SPACE

FILED

04 JUL 15 PM 2:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3047027	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOPPER, MORRIS THOMAS 9191 103RD ST JACKSONVILLE, FL 32210	DO NOT WRITE IN THIS SPACE
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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 Tom Hopper (NOTE: Registered Agent signature required when reinstating) DATE 7-1-04

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	800039257008 6/04--01054--002 **200.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HOPPER, MORRIS THOMAS 9191 103RD ST JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LANCASTER, CHARLES 8132 TROUT RIVER DR. JACKSONVILLE, FL 32208
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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: Tom Hopper DATE 7-1-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WE NEVER Received A Notice
there fore WE ARE Remitting the NORMAL
Fee of 200.00

IMPORTANT INSTRUCTIONS

- Make check payable to Florida Department of State.
Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- * The fee to file the profit annual report is \$550.00. If a certificate of status is desired, please add an additional \$8.75. Only one certificate may be requested.
- Certificates will be mailed to the entity's mailing address only.
- Sign report in block 12.

Mail completed report to:

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Courier Address: (overnight delivery)
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Questions?

Phone: (850) 245-6056
Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.