

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90038 016 \*\*\*150.00

**DOCUMENT # S37765**

1. Entity Name  
**DURANGO STEAKHOUSE OF 4TH STREET, INC.**



Principal Place of Business

**2325 ULMERTON ROAD  
SUITE 20  
CLEARWATER, FL 34622 US**

Mailing Address

**2325 ULMERTON ROAD  
SUITE 20  
CLEARWATER, FL 34622 US**



01232004 No Chg:P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3161541**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MORRIS, GREGORY D  
2325 ULMERTON ROAD  
SUITE 20  
CLEARWATER, FL 33762**

**DO NOT WRITE  
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	DC
NAME	BULLARD, FRED B
STREET ADDRESS	2325 ULMERTON ROAD SUITE 20
CITY-ST-ZIP	CLEARWATER, FL

TITLE	DS
NAME	BULLARD, KAROL K
STREET ADDRESS	2325 ULMERTON ROAD SUITE 20
CITY-ST-ZIP	CLEARWATER, FL

TITLE	VAS
NAME	MORRIS, GREG
STREET ADDRESS	2325 ULMERTON ROAD SUITE 20
CITY-ST-ZIP	CLEARWATER, FL 33762

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/02/04**

Date

**727-576-6424**

Daytime Phone #