

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S49056

1. Entity Name
LOCHANS FLORIDA, INC.



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 10 PM 6:36

Principal Place of Business
149 S RIDGEWOOD AVE.
SUITE 500
DAYTONA BEACH, FL 32114 US

Mailing Address
149 S RIDGEWOOD AVE.
SUITE 500
DAYTONA BEACH, FL 32114 US



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3063625

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ABRAHAM, ROBERT
149 S. RIDGEWOOD AVENUE
SUITE 500
DAYTONA BEACH, FL 32114

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MAAS, BERNARD KAREL
149 SOUTH RIDGEWOOD AVENUE, SUITE 500
DAYTONA BEACH, FL 32114

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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800030301548
03/11/04--01033--002 **150.00

**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: Robert Abraham Robert Abraham
Registered Agent

3/8/04 386-258-1222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #