


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # S53975		
1. Entity Name SANTA FE STEAKHOUSE OF FRUITVILLE, INC.		

Principal Place of Business	Mailing Address
2325 ULMERTON RD SUITE 20 CLEARWATER, FL 33762 US	2325 ULMERTON RD SUITE 20 CLEARWATER, FL 33762 US



01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0274781	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 MORRIS, GREGORY D 2325 ULMERTON RD SUITE 20 CLEARWATER, FL 33762
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 JR
STREET ADDRESS	2325 ULMERTON RD, 20
CITY-ST-ZIP	CLEARWATER, FL
TITLE	DS
NAME	BULLARD, KAROL K
STREET ADDRESS	2325 ULMERTON RD, STE 20
CITY-ST-ZIP	CLEARWATER, FL 34622
TITLE	VAS
NAME	MORRIS, GREGORY D
STREET ADDRESS	2325 ULMERTO RD, STE 20
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000285864
04/04/05-80005-013 150.00

**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)(f), 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

3/29/05
Date

727-576-6424
Daytime Phone #