

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 31, 2005 8:00 am
Secretary of State

04-27-2005 90338 005 ***150.00

DOCUMENT # P04000007581
 1. Entity Name
 50'S HAPPY DAYS DRIVE-IN, INC.



Principal Place of Business
 1900 SOUTH US HIGHWAY ONE
 FORT PIERCE FL 34950
 1133 BAYSHORE DR. 204
 FORT PIERCE, FL 34949

Mailing Address
 1900 SOUTH US HIGHWAY ONE
 FORT PIERCE FL 34950
 1133 BAYSHORE DR. 204
 FORT PIERCE, FL 34949

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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc. *Same*

3. Mailing Address Suite, Apt. #, etc. *Same*

City & State Zip Country

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 TORTORA, BENITO
 1900 SOUTH US HIGHWAY ONE
 FORT PIERCE FL 34950
 1133 BAYSHORE DR. 204
 FORT PIERCE, FL 34949

7. Name and Address of New Registered Agent
 Name *Same*
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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]* BENITO TORTORA DATE *4-15-05*

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT BENITO TORTORA 1133 BAYSHORE DR. 204 FORT PIERCE, FL 34949</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DIRECTOR BENITO TORTORA 1133 BAYSHORE DR. 204 FORT PIERCE, FL 34949</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* BENITO TORTORA DATE *4-15-05* 772-359-8776