

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90040 017 \*\*\*150.00



**DOCUMENT # P25613**  
 1. Entity Name  
**GARDEN FRESH RESTAURANT CORP.**

Principal Place of Business      Mailing Address  
**15822 BERNARDO CENTER DR.**      **15822 BERNARDO CENTER DR.**  
**SUITE A**      **SUITE A**  
**SAN DIEGO CA 92127**      **SAN DIEGO CA 92127**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**33-0028786**      Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	DPC	<input type="checkbox"/> Delete
NAME	MICHAEL P MACK	
STREET ADDRESS	15882 BERNARDO CENTER DR. #A	
CITY-ST-ZIP	SAN DIEGO CA 92127	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHN M. ROBBINS, JR.	
STREET ADDRESS	15882 BERNARDO CENTER DR. #A	
CITY-ST-ZIP	SAN DIEGO CA 92127	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVID W QUALLS	
STREET ADDRESS	15822 BERNARDO CENTER DR #A	
CITY-ST-ZIP	SAN DIEGO CA 92127	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDGAR F BERNER	
STREET ADDRESS	15822 BERNARDO CENTER DR. #A	
CITY-ST-ZIP	SAN DIEGO CA 92127	
TITLE	D	<input type="checkbox"/> Delete
NAME	MICHAEL M MINCHIN, JR	
STREET ADDRESS	15822 BERNARDO CENTER DR. #A	
CITY-ST-ZIP	SAN DIEGO CA 92127	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUNST, ROBERT A	
STREET ADDRESS	15822 BERNARDO CENTER DR. #A	
CITY-ST-ZIP	SAN DIEGO CA 92127	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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]*      **DAVID QUALLS, CEO**      1/29/04      858-675-1600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #