

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H93685

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

**Entity Name:** NARVERUD RESTAURANT SYSTEMS, INC.

**Current Principal Place of Business:**

8385 NORTHCLIFFE BLVD  
SPRING HILL, FL 34606 US

**New Principal Place of Business:**

**Current Mailing Address:**

8385 NORTHCLIFFE BLVD  
SPRING HILL, FL 34606 US

**New Mailing Address:**

**FEI Number:** 59-2626659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NARVERUD, ELIZABETH A  
8385 NORTHCLIFFE BLVD  
SPRING HILL, FL 34606 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NARVERUD, MARTIN P  
Address: 8385 NORTHCLIFFE BLVD  
City-St-Zip: SPRING HILL, FL 34606

Title: VP  
Name: NARVERUD, ELIZABETH A  
Address: 8385 NORTHCLIFFE BLVD  
City-St-Zip: SPRING HILL, FL 34606

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARTIN NARVERUD

P

01/18/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date