


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90233 034 ***150.00

DOCUMENT # P93000036874			
1. Entity Name CHEF TIM CORPORATION			
Principal Place of Business O' HOULIHAN'S 9171 US HWY 19N PINELLAS PARK, FL 33782 US		Mailing Address 9171 US HWY 19N PINELLAS PARK, FL 33782 US	
2. Principal Place of Business - No P.O. Box # <i>Chef Tim Corp</i> Suite, Apt. #, etc. <i>3503 100th Ter N</i>		3. Mailing Address <i>3503 100th Ter N</i> Suite, Apt. #, etc. <i>#</i>	
City & State <i>Pinellas Park FL</i>		City & State <i>Pinellas Park FL</i>	
Zip <i>33782</i>		Country <i>US</i>	
4. FEI Number 59-3183246		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOULIHAN, TIMOTHY P 3503 100TH TERRICE N PINELLAS PARK, FL 33782		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOULIHAN, TIMOTHY P 9171 US HWY 19 N. PINELLAS PARK, FL	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Timothy P Houlihan</i>		Timothy P Houlihan	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>4-10-08</i> Daytime Phone: #	