

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90059 050 ***150.00

DOCUMENT # 511001

1. Entity Name

GENE'S STEAK HOUSE, INCORPORATED



Principal Place of Business

3674 U.S. HIGHWAY 92
DAYTONA BEACH FL 32114
US

Mailing Address

3674 W INT'L SPEEDWAY BLVD
DAYTONA BEACH FL 32124
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-1686448**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YOUNG, PATRICIA C
7 PINE VALLEY CIRCLE
ORMOND BEACH FL 32174

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 PT ☐ Delete
NAME YOUNG, PATRICIA
STREET ADDRESS 7 PINE VALLEY CIR
CITY- ST- ZIP ORMOND BCH FL 32174

TITLE VTS ☐ Delete
NAME YOUNG, JENNIFER
STREET ADDRESS 7 PINE VALLEY CIR
CITY- ST- ZIP ORMOND BEACH FL 32174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 person 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

Date

Daytime Phone

Home

Patricia Young 3/9/07 386 288 057
386 622 0853

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ATTACHMENT

40103825

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Suite, Apt. #, etc.

03092007 Chg-P CR2E034 (12/06)

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TITLE
NAME
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**VTS
YOUNG, JENNIFER
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patricia C. Young 3/9/07 386 255 2059

ATTACHMENT
40103825
#511001

May 1-2007

Dear Mr. Dunlap,

Your letter and our check got misplaced. Our bookkeeper was gone for a month. Some one put it in the wrong place. We discovered this today. Talked to a lady at your office and she said to write you a note to explain what happened. Evidently she forgot to put the form in and just sent the check. Then your department sent it back,

Thank you
for any help. I hope we don't
have a fine

Patricia C. Long
President
Celine's Steak House