

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 550454

1. Entity Name
FORT WALTON RESTAURANT EQUIPMENT, INC.



Principal Place of Business
106 PERRY AVENUE S.E.
FT. WALTON BCH, FL 32548

Mailing Address
106 PERRY AVENUE S.E.
FT. WALTON BCH, FL 32548

FILED
Jul 11, 2008 08:00 AM
Secretary of State



07082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1782595	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIFE, DEE L.
106 PERRY AVENUE S.E.
FT. WALTON BCH, FL 32548

**DO NOT WRITE
IN THIS SPACE**

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)

U000000954333

07/11/08-80009-007 150-00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIFE, DEE L 106 PERRY AVENUE S.E. FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FIFE, FREDA J. 106 PERRY AVENUE S.E. FT WALTON BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FIFE, DALE K 106 PERRY AVE., SE FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:

Freda J. Fife Freda J. Fife 8 July 2008 850-243-5624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #