

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 639246**

1. Entity Name

EUPHEMIA HAYE RESTAURANT, INC.



Principal Place of Business

5540 GULF OF MEXICO DRIVE  
LONGBOAT KEY FL 34228

Mailing Address

5540 GULF OF MEXICO DRIVE  
LONGBOAT KEY FL 34228



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 **59-1945382**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARPKE, RAYMOND D  
5540 GULF OF MEXICO DR  
LONGBOAT KEY FL 34228

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)

U000000672502

03/28/07 80073015 150.00

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME: STD  
STREET ADDRESS: ARPKE, D'ARCY B  
CITY-STATE-ZIP: 5540 GULF OF MEXICO DR  
LONGBOAT KEY, FL 00000 ☐ Delete

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
NAME: PD  
STREET ADDRESS: ARPKE, RAYMOND D  
CITY-STATE-ZIP: 5540 GULF OF MEXICO DR  
LONGBOAT KEY, FL 00000 ☐ Delete

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
NAME: ☐ Delete  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
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CITY-STATE-ZIP:

TITLE  
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STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS:  
CITY-STATE-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 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:

*Raymond D. Arpke*

3/16/07

941 383-3633