2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 28, 2008 08:00 AN Secretary of State

DOCUMENT # 839164	DC	CI	IN.	1FN	JT	#	83	91	164
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1. Entity Name

ROBROY RESTAURANTS, INC.



Principal Place of Business

Mailing Address

1663 MOUND STREET SARASOTA, FL 34236 1663 MOUND STREET SARASOTA, FL 34236



04182008

No Chg-P

CR2E034 (11/05)

4. FEI Number 36-2589857

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FURMAN, ROBERT G

DO NOT WRITE

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 Soprative typed or printed name of legistered agent and tills if apposable (NOTE: Registered Agent suprative required when rensating) DATE	SARASOT	NO 51 A, FL 34236		IN THIS SPACE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PTD NAME FURMAN, ROBERT G STREET ADDRESS CITY-ST-2IP CHICAGO, IL TITLE VD NAME BARTIK, GEORGE STREET ADDRESS STREET ADDRESS TRIVER SIDE RD., #2A RIVERSIDE, IL TITLE NAME STREET ADDRESS STREET ADRESS STREET ADDRESS STRE	the obligat		ourpose of changing its registered of	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
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CITY-SI-7/P SARASOTA FL							

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:

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR