

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F00000005175

1. Entity Name  
HOOTERS OF MERRITT ISLAND, INC.



Principal Place of Business  
1815 THE EXCHANGE  
ATLANTA, GA 30339

Mailing Address  
1815 THE EXCHANGE  
ATLANTA, GA 30339

FILED  
2007 JUL 24 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



07172007 Chg-P CR2E034 (12/06)

4. FEI Number  
59-3696244  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

## 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

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BROOKS, COBY G	
STREET ADDRESS	1815 THE EXCHANGE	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, RODNEY C	
STREET ADDRESS	1815 THE EXCHANGE	
CITY-ST-ZIP	ATLANTA, GA 30339	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500105344495
STREET ADDRESS	07/24/07--01038--018 **341.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500105344495
STREET ADDRESS	07/17/07--01010--011 **35.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 another like empowered.

SIGNATURE:

*Coby G. Brooks*

Coby G. Brooks

7/23/07 770-951-2040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2007 JUL 24 2007