

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 8:00 am
Secretary of State

07-10-2007 90007 013 ***550.00

DOCUMENT # F05000004189

1. Entity Name
HALPERNS' STEAK AND SEAFOOD COMPANY



Principal Place of Business
**1270 WOOLMAN PLACE, SUITE 200
ATLANTA, GA 30354**

Mailing Address
**1270 WOOLMAN PLACE, SUITE 200
ATLANTA, GA 30354**

40124088



2. Principal Place of Business - No P.O. Box #
4685 Welcome All Rd
Suite, Apt. #, etc.

3. Mailing Address
4685 Welcome All Rd
Suite, Apt. #, etc.

05152007 Chg-P CR2E034 (12/06)

City & State
Atlanta, Georgia
Zip
30349
Country
Fulton

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Atlanta, Georgia
Zip
30349
Country
Fulton

4. FEI Number
20-2751335
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TOBIN & REYES PA
7251 WEST PALMETTO PARK ROAD, SUITE 205
BOCA RATON, FL 33433**

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 \$550.00
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE	CVCP	<input type="checkbox"/> Delete
NAME	HALPERN, KIRK	
STREET ADDRESS	110 N. DEVEREUX CT.	
CITY-ST-ZIP	ATLANTA, GA 30327	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	HALPERN, KIRK	
STREET ADDRESS	110 N. DEVEREUX CT.	
CITY-ST-ZIP	ATLANTA, GA 30327	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALPERN, KIRK	
STREET ADDRESS	110 N. DEVEREUX CT.	
CITY-ST-ZIP	ATLANTA, GA 30327	
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	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kirk Halpern	
STREET ADDRESS	4685 Welcome all Rd	
CITY-ST-ZIP	Atlanta, Ga 30349	
TITLE	President & COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ray Hicks	
STREET ADDRESS	4685 Welcome all Rd	
CITY-ST-ZIP	Atlanta Ga 30349	
TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ray Farmer	
STREET ADDRESS	4685 Welcome all Rd	
CITY-ST-ZIP	Atlanta, Ga 30349	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Laura Barnard	
STREET ADDRESS	4685 Welcome all Rd	
CITY-ST-ZIP	Atlanta Ga 30349	
TITLE	VP Administration	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jody Hicks	
STREET ADDRESS	4685 Welcome all Rd	
CITY-ST-ZIP	Atlanta Ga 30349	
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 all other like empowered.

SIGNATURE: **Laura Barnard**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/30/07 404 767-9229