

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90071 035 ***150.00

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1. Entity Name

THE PUBLIC RESTROOM COMPANY



Principal Place of Business

639 ISBELL RD., SUITE 440
RENO NV 89509

Mailing Address

639 ISBELL RD., SUITE 440
RENO NV 89509

2. Principal Place of Business - No P.O. Box #

9390 Gateway Drive

3. Mailing Address

9390 Gateway Drive

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

Reno, NV

City & State

Reno, NV

Zip

89521

Country

USA

Zip

89521

Country

USA

4. FEI Number

48-1289691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE FL 32301-2960

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 \$150.00
After May 1, 2008 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

TITLE PCS
NAME KAUFMAN, CHARLES E
STREET ADDRESS 2525 SAGITTARIUS DR.
CITY-ST-ZIP RENO NV 89509
13300 Arrowsprings Drive
Reno, NV 89511

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

C. Kaufman Charles E. KAUFMAN Res 2-6-08