## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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## DOCUMENT # F45155

1. Entity Name COLUMBIA RESTAURANT OF ST. AUGUSTINE, INC.



**FILED** Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

ST AUGUSTINE, FL 32084

98 ST. GEORGE ST.

Mailing Address

2025 EAST 7TH AVE.

TAMPA, FL 33605



04132007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2132197

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHANNON, JEFFREY C 501 EAST KENEDY BLVD. **STE 1700** TAMPA, FL 33602

10.

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	e named entity submits this statement for the purpations of registered agent.	pose of changing	its registered office or	registered agent, o	or both, in the State of Flori	da. I am familiar with, and accept
SIGNATUR	Signature, typed or printed name of registered agent and title if app	policable. (N	IOTE: Registered Agent signatu	re required when re-astatin	ng)	DATE
					T	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

TITI F NAME GONZMART, RICHARD STREET ADDRESS 2025 EAST 7TH AVE. CITY-ST-ZIP TAMPA, FL TITLE NAME GONZMART, CASEY STREET ADDRESS 2025 EAST 7TH AVE. CITY-ST-ZIP TAMPA, FL TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

OFFICERS AND DIRECTORS

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12. I hereby certify that the information supplied with this filing does not coalify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue 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 indicate 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 office, this empowered. changed, or on an attachme

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

IAME OF SIGNING OFFICER OR DIRECTOR