2007 FOR PROFIT CORPORATION

FILED
Jan 11, 2007 08:00 AN
Secretary of State

ANNUAL KEPOKT					Jan 11, 200/ U8:00			
DOCUMENT # F64793					Se	ecretary of S	Sta	
1. Entity Name	•				_			
IHELAN	TERN RESTAURANT & MO		<i>†</i>					
m.t. at a const		15-10-a & delegan	200	4				
Principal Place	ARBORN STREET	Mailing Address 359 WEST DEARBORN STREE	T					
ENGLEWOOD,		ENGLEWOOD, FL 34223						
	and the second s		AND AND A SHARE SHEET					
The state of the s				775 1 400 1				
ח	O NOT WRITE	IN THIS SPA	CF	01052007	No Chg-P	CR2E034 (11/05)		
		A Commence of the Commence of		4. FEI Number 59-215		Applied Not App		
	And the second s	The state of the s			of Status Desired	\$8.75 Additions	·	
	6. Name and Address of Current R	egistered Agent	- The true of the second		Transition of the state of the	Fee Required		
12/4/200741				park tale to a	in the second control of the second control	n garagea e Garagea		
WARREN, R EARL 359 WEST DEARBORN STREET				DO	NOT W	RITE	TOWN PROPERTY.	
ENGLEWOOD, FL				- IN 1	THIS SP	ACE		
		1.1						
the obligation	named entity submits this statement for lons of registered agent. Signature, typed or partied name of registered egent an		ed Agent signature require			DATE		
FILE After Ma	: NOW!!! FEE IS \$150.00 ly 1, 2007 Fee will be \$550.00	Selection Campaign Final Trust Fund Contribution	ricing \$!	5.00 May Be ded to Fees	and the second s	and the second s	ان شهرستان مسال	
10.	OFFICERS AND D	RECTORS	3.00	The second second second second	property with the property of the second party	A con the second of the control of t		
TITLE NAME	PD WARREN, R EARL			· Saland Salan			Printer of	
STREET ADDRESS	1063 KEYWAY ROAD					A CONTRACT OF THE CONTRACT OF	ng jaran	
CITY-ST-ZIP	ENGLEWOOD, FL				A STATE OF THE STA	The state of the s	LCC	
TITLE	S WARREN, SYLVIA E			The state of the s	U000005	82244		
name Street address	1063 KEYWAY ROAD				01/11/07-8	82244 10024-013 150.00		
CITY-ST-ZIP	ENGLEWOOD, FL			**************************************	and the state of the section of the	ente i entre melle i nicht er für in mehre flest melle eine	Tenkula asi	
TITLE					حدر حدراته این فعل یه پیده به سخت د در در د معدر	and the ten of the second tensor and the second	Activities of the second	
HAME STREET ADDRESS						and the second s	Section of	
CITY-ST-ZIP				DO	NOT W	RITE	7- 35 17.2	
TITLE		<u> </u>	**************************************	2 40 10 10 10 10 10 10 10 10 10 10 10 10 10	THIS SP	transfer to the contract of th	4-79 in	
NAME					The same of the sa	garan ili salah da kabupat Kab		
STREET ADDRESS CITY-ST-ZIP			I	,	en inde in der eine jurige beschiedigen. Die Stegen und Stegen ab 1985 eine Stegen in der Stegen Eine der Landen in der eine Anteren eine Anteren in der eine Anteren in der eine Anteren in der eine Anteren in		in the series The grants	
ME			a ee gadaa de					
NAME			1		الانجاب به ود امراد باید در اما برسید. پیداید در اما در در اما در اما در اما در	and the state of t	A COLUMN TO	

12. Thereby certify that the information supplied with this filling 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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/07

(997) 474-7768

Daytime Phone #