## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2007 08:00 A Secretary of State

DOCUMENT # F9500000015  1. Enlity Name HOOTERS OF LAKELAND II, INC.						<b>,</b>	JULI	. Ctai	y 01 50
Principal Place 3400 US 9 LAKELAND,		Mailing Address 1815 THE EXCHANGE ATLANTA, GA 30339	US			IE TOTAL BUIL BOW BEIT EETI			
DO NOT WRITE IN THIS SPACE				CE	04182007 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For				
					59-328 5. Certificate	of Status Desired		\$8.75 A	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324  8. The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.				ed office or registere	IN T	NOT WI	ACE	<b>=</b>	th, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent argnature)					when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 lay 1, 2007 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu			00 May Be ad to Fees				
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	OFFICERS AND DIR P BROOKS, COBY G 1815 THE EXCHANGE ATLANTA, GA ST FOSTER, RODNEY C 1815 THE EXCHANGE ATLANTA, GA	ECTORS				U00000 05/22/07-	75408 80047	;2 '-010 1	150.00
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12. I hereby certify that the information supplied with his 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:

NAME STREET ADDRESS

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

CITY-ST-ZIP

BIGHATURE AND TYPED OR PROVIDED NAME OF BIGHING OFFICER OR DIRECTOR

4130107

770-951-204

Daytime Phone II