

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # F96000002359

1. Entity Name  
PHAEDRA RESTAURANT CORPORATION



Principal Place of Business  
7370 COLLEGE PKWY  
SUITE 300  
FORT MYERS, FL 33907

Mailing Address  
7370 COLLEGE PKWY  
SUITE 300  
FORT MYERS, FL 33907



04152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 61-1028892	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

AURITI, DANIEL  
7370 COLLEGE PKWY  
SUITE 300  
FORT MYERS, FL 33907

**DO NOT WRITE  
IN THIS SPACE**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

000000907150  
05/05/08-80026-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP AURITI, DANIEL 7370 COLLEGE PKWY, STE. #300 FORT MYERS, FL 33907
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HILL, ROGER 7370 COLLEGE PKWY, STE. #300 FORT MYERS, FL 33907
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST QUINLAN, SCOTT 7370 COLLEGE PKWY, STE. #300 FORT MYERS, FL 33907
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 who empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/08