

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90017 037 ***150.00

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1. Entity Name

BRAVO PAPA CORPORATION



Principal Place of Business

MICHAEL J MCKENNY
 633 WELLS LANDING DRIVE
 ORANGE PARK FL 32073-9959

Mailing Address

MICHAEL J MCKENNY
 633 WELLS LANDING DRIVE
 ORANGE PARK FL 32073-9959



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

Michael J. McKenny
 4061 SAN JUAN AVE

3. Mailing Address

Michael J. McKenny
 4061 San Juan Ave

1st MOORE CR2E034 (10/07)

City & State
 JACKSONVILLE, FL

City & State
 Jacksonville, FL

4. FEI Number
 59-2408115

Applied For
 Not Applicable

Zip
 32210

Country
 USA

Zip
 32210

Country
 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKENNY, MICHAEL J
 633 WELLS LANDING DRIVE
 ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name *Michael J. McKenny*
 Street Address (P.O. Box Number is Not Acceptable)
 4061 San Juan Avenue
 City Jacksonville FL 32210

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 re-registering)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
PST	MCKENNY, MICHAEL	633 WELLS LANDING DRIVE	ORANGE PARK FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PST	<i>Michael J. McKenny</i>	4061 SAN JUAN AVENUE	JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 reports 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

(904) 571-3215