2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H47695

1. Entity Name CRAIG'S RESTAURANT, INC.

FILED Jan 24, 2008 08:00 A Secretary of State

Principal Place of Business

SIGNATURE:

Mailing Address

. Belchu

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

90154 S OVERSEAS HWY TAVERNIER, FL 33070 US

% STEVEN BELCHER **5052 FAIRFIELD DR** FT MYERS, FL 33919 US-



1-22-2008

239 4180009

| | O NOT WEITE I | ^= | 01062008 | No Ung-P CR2E034 (11/05) | | | |
|--|--|-------------------------------------|---|--|--|-------------------------------------|---------------------------------------|
| U | O NOT WRITE II | CE | 4. FEI Number 59-252322 | 24 | | Applied For Not Applicable | |
| | | | | 5. Certificate of S | | | Additional |
| · · · · · · · · · · · · · · · · · · · | 6. Name and Address of Current Regis | fared A | 1 | 3. Certinozte or o | italia ocalico | Fee Req | uired |
| | b. Name and Address of Current Regis | reled Agent | 1 | • | A | , , | , |
| BELCHER, D. CRAIG 90154 S. OVERSEAS HWY. | | | - 2000 | DO N | OT-WRI | TE | |
| TAVERNIER, FL 33070 | | | | | IIS SPAC | • | , |
| | | |] | 114 -1 L | 113 SPAC | √ □ | . * |
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| | named entity submits this statement for the plans of registered agent. | ourpose of changing its register | ed office or registe | ered agent, or both, in | the State of Florida. | l am familiar w | ith, and accept |
| SIGNATURE_ | Signature, typed or printed name of registered agent and title | d Agent signature require | ed when renatating) | | MATE | <u>-</u> | |
| FILE NOWII: FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution. | | | | 5.00 May Be ded to Fees | | | |
| 10. | OFFICERS AND DIREC | TORS | | | | | |
| TITLE | DP | | | | | | |
| NAME STREET ADDRESS | BELCHER, D. CRAIG. 143 CANAL STREET | • | , | ٠ | , i | | • |
| CITY-ST-ZIP | TAVERNIER, FL 33070 | | | | , | | |
| TITLE | Τ | | | | 00000079 01/29/08-80 | 6122 | , |
| NAME | BELCHER, STEVEN G. | | | | 01/29/08-80 | 019-023 | .158.75 |
| STREET ADORESS CITY-ST-ZIP | 5052 FAIRFIELD DR FT MYERS, FL | | | • | | | |
| TITLE | S | | ` | * 3 | p. | • | |
| NAME | BELCHER, JEAN AREL | | | | | | , |
| STREET ADDRESS | 5052 FAIRFIELD DRIVE | | , | DO N | IOT WRI | TE | · . |
| CITY-ST-ZIP | FORT MYERS, FL 33919 | | - | and the same of th | atana a managaran a managar | | · · · · · · · · · · · · · · · · · · · |
| TITLE NAME | · | | | IN Th | HIS SPACE | JE . | <i>;</i> . |
| STREET ADDRESS | | | | • | | • | - |
| CITY-ST-ZIP | | | l | | | | |
| TITLE | | | ł | ` , | • | | |
| NAME STREET ADDRESS | | | | | 3* | • | • |
| CITY-ST-ZIP | | | ŀ | , | | | |
| TITLE | ······································ | | 1 | | | | , 4 |
| NAME | | | | . • | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | • | | * * | |
| | partifu that the information ounciled with this f | illan dans not qualify for the aver | I | ed in Chanter 110. Cla | orlda Statutas I furba | e sastifu that th | a information |
| of the cor | ertify that the information supplied with this fi on this report or supplemental report is true a poration or the receiver or trustee empowere or on an attachment with an address, with al | d to execute this report as requi | ture shall have the ired by Chapter 60 | e same legal effect as 07, Florida Statutes; a | if made under oath; the notation of that my name appointment appointment in the transfer of th | nat I am an offi ears in Block 1 | icer or director 0 or Block 11 if |

STEVEN BELCHER