

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# J07151

**FILED**  
**Aug 22, 2007**  
**Secretary of State**

**Entity Name:** JOHN'S STEAK AND SEAFOOD RESTAURANT, INC.

**Current Principal Place of Business:**

38361 STATE ROAD 54 EAST  
ZEPHYRHILLS, FL 33542

**New Principal Place of Business:**

**Current Mailing Address:**

38361 STATE ROAD 54 EAST  
ZEPHYRHILLS, FL 33542

**New Mailing Address:**

37746 EILAND BLVD.  
ZEPHYRHILLS, FL 33542

**FEI Number:** 59-2668674

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAXON, ROBERT A  
38361 CR 54 E  
ZEPHYRHILLS, FL 33542 US

**Name and Address of New Registered Agent:**

MAXON, ROBERT A  
37746 EILAND BLVD.  
ZEPHYRHILLS, FL 33542 US

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.

SIGNATURE: ROBERT A MAXON

08/22/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GABRIELATOS, NICK  
Address: 38361 CR 54 E  
City-St-Zip: ZEPHYRHILLS, FL 33542

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MAXON, ROBERT A  
Address: 37746 EILAND BLVD.  
City-St-Zip: ZEPHYRHILLS, FL 33542

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. MAXON

P

08/22/2007

Electronic Signature of Signing Officer or Director

Date