2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 11, 2007 08:00 Al Secretary of State DOCUMENT # K97004 1. Entity Name GRILL & FILL, INC. Mailing Address Principal Place of Business 1970 J C BLVD 1970 1970 J & C BLVD NAPLES FL 34109 NAPLES FL 33942 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/06) City & Stato City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo RANDALL, L.J. Street Address (P.O. Box Number is Not Acceptable) 610 WEST ST NAPLES FL 34108 City Zip Code 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 of registered agent and title r aprilicable. (NOTE Registered Agent signifiture required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. D TITLE Delete IIII. ☐ Change Addition RANDALL, L. J. NAME NAMI U00000701061 04/20/07-80042-008 150.00 1907 J & C BLVD STREET AODRESS STREET ADDRESS NAPLES FL CITY-ST-7IP CHY-ST-7IF MILE Delete HILE Change ■ Addition SAMPLE, KENNETH L. 3220 22ND AVE NE STREET ADDRESS STREET ADDRESS NAPLES FL 34120 CITY-ST-7/P CITY-ST-7IP DHE ☐ Defete ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY-SG/7P CHY-S1-7/P ☐ Delete THE Change Addition NAMI. STREET ADDRESS STREET LADORESS CITY-ST-ZIP CITY+SI-ZIP ☐ Delete Change Addition NAMIL STREET ADORESS STINEET ADDRESS CITY-S1-ZIP CHY-SI-7P TOTE ☐ Delete 1000 **Change** ☐ Addition NAME NAME STRULT ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath; 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

N/ LJ. RONOGLI

4/9/07

239-513-1100

Daytime Phone #