

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90014 046 ***150.00

DOCUMENT # L01462

1. Entity Name

PAYNE'S RESTAURANT EQUIPMENT, INC.



Principal Place of Business

565 GUS HIPP BLVD.
ROCKLEDGE FL 32955

Mailing Address

565 GUS HIPP BLVD.
ROCKLEDGE FL 32955

565 GUS HIPP BLVD

565 GUS HIPP BLVD

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Rockledge FL

City & State

Rockledge FL

4. FEI Number

65-0211300

Applied For

Not Applicable

Zip

Country

Brevard

Zip

Country

Brevard

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAYNE, RUPERT LAMAR
565 GUS HIPP BLVD.
ROCKLEDGE FL 32955

Name

Same Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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: Rupert L Payne

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-08

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	PAYNE, RUPERT LAMAR	
STREET ADDRESS	565 GUS HIPP BLVD.	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	V	<input type="checkbox"/> Delete
NAME	PAYNE, BILLY GREGORY	
STREET ADDRESS	565 GUS HIPP BLVD.	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PAYNE, LOUISE C.	
STREET ADDRESS	565 GUS HIPP BLVD.	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	P	<input type="checkbox"/> Delete
NAME	PAYNE, LOUISE C	
STREET ADDRESS	565 GUS HIPP BLVD	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Same</u>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Same</u>	
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 like empowered.

SIGNATURE: Louise Payne Louise Payne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-08

Date

Day, mo Phone #