

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L62698

FILED  
Apr 17, 2008  
Secretary of State

Entity Name: ST. JOHNS SEAFOOD & STEAKS #4, INC.

**Current Principal Place of Business:**

1403-21 DUNN AVE  
JACKSONVILLE, FL 32218 US

**New Principal Place of Business:**

**Current Mailing Address:**

6550 ST. AUGUSTINE RD.  
303  
JACKSONVILLE, FL 32217

**New Mailing Address:**

PO BOX 550860  
JACKSONVILLE, FL 32255

FEI Number: 59-3002296      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

AKEL, DANIEL D.  
ONE INDEPENDENT DR.  
2301 INDEPENDENT SQUARE  
JACKSONVILLE, FL 32202 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RUKAB, ROBERT  
Address: 8326 RIDING CLUB ROAD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP ( ) Delete  
Name: RUKAB-GRASSI, LORI,  
Address: 12465 IVEY WOODS CT  
City-St-Zip: JACKSONVILLE, FL 32258

Title: S ( ) Delete  
Name: FARAH, MUNA  
Address: 9379 JAYBIRD CIR. E.  
City-St-Zip: JACKSONVILLE, FL 32257

Title: T ( ) Delete  
Name: FARAH, GREG  
Address: 9379 JAYBIRD CIR. E.  
City-St-Zip: JACKSONVILLE, FL 32257

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 RUKAB

P

04/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date