

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # M80212

1. Entity Name
**CHARLEY'S STEAKHOUSE AND SEAFOOD GRILLE OF
KISSIMMEE, INC.**



Principal Place of Business

% DENNIS P. DARMOC
2901 PARKWAY BLVD.
KISSIMMEE, FL 32741 US

Mailing Address

% DENNIS P. DARMOC
1260 CENTRAL FLORIDA PARKWAY
ORLANDO, FL 32837-9259



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2887106

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

DARMOC, DENNIS P.
1260 CENTRAL FLORIDA PKWY.
ORLANDO, FL 32837

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
WOODSBY, CHARLES E.
8959 BAY COVE CT
ORLANDO, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
WOODSBY, RONALD E.
1445 OAKLAWN PLACE
LAKELAND, FL 33803

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
DARMOC, DENNIS
1950 LEGION DR
WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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05/02/07-80014-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SEITRENS

4/20/07 407-851-8400