


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M80212</b> 1. Entity Name <b>CHARLEY'S STEAKHOUSE AND SEAFOOD GRILLE OF KISSIMMEE, INC.</b>	
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Principal Place of Business <b>% DENNIS P. DARMOC 2901 PARKWAY BLVD. KISSIMMEE, FL 32741 US</b>	Mailing Address <b>% DENNIS P. DARMOC 1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837-9259</b>
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04082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2887106</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

11000001830123  
04/22/08 80083-004 150.00

**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**

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: Dennis P. Darmoc Secretary 4/9/08 407-851-8400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #