

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M93195

Entity Name: CHARMAR RESTAURANTS, INC.

FILED
Apr 14, 2007
Secretary of State

Current Principal Place of Business:

570 SOUTH ELLIS RD
STE 100
JACKSONVILLE, FL 32254

New Principal Place of Business:

4512 COLLINS RD.
JACKSONVILLE, FL 32256

Current Mailing Address:

% ARNOLD H. SLOTT
334 E. DUVAL ST.
JACKSONVILLE, FL 32202

New Mailing Address:

PO BOX 60847
JACKSONVILLE, FL 32236

FEI Number: 59-2901578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLOTT, ARNOLD H.
334 E. DUVAL ST.
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: DPST () Delete
Name: HEUGEL, CHARLES H
Address: PO BOX 60847
City-St-Zip: JACKSONVILLE, FL 32236

Title: V () Delete
Name: HEUGEL, MARGIE LEE,
Address: PO BOX 60847
City-St-Zip: JACKSONVILLE, FL 32236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: CHARLES H. HEUGEL

DPST

04/14/2007

Electronic Signature of Signing Officer or Director

Date