

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # N00000002094

1. Entity Name
HUNGRY HOWIE'S ADVERTISING FUND - FLORIDA, INC.



Principal Place of Business
**2109-D MAIN ST
DUNEDIN, FL 34698 US**

Mailing Address
**30300 STEPHENSON HWY
STE 100
MADISON HEIGHTS, MI 48071 US**



01032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3648498

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHEAR, ROBERT L
2650 MCCORMICK DRIVE
130
CLEARWATER, FL 33759**

**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

**Filing Fee is \$61.25
Due by May 1, 2007**

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
**PD
HEARN, JAMES R
2109-D MAIN ST
DUNEDIN, FL 34698**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DEVINE, BARRY
2109-D MAIN ST
DUNEDIN, FL 34698**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
KAZBOUR, TALAL
2109-D MAIN ST
DUNEDIN, FL 34698**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000720478
05/01/07-80106-011 61.25

**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 617, 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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tom Jackson 4.13.07 248-414-3300