

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000031327

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: GOURMET MOBILE RESTAURANTS, INC.

## Current Principal Place of Business:

4850 ST JAMES AVENUE  
TITUSVILLE, FL 32780

## New Principal Place of Business:

2227 WEST MAIN STREET  
JACKSONVILLE, AR 72076

## Current Mailing Address:

300 FIFTH AVENUE SOUTH  
101-200  
NAPLES, FL 34102

## New Mailing Address:

FEI Number: 65-0980215      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WATTS, RENITA  
4850 SAINT JAMES AVE  
TITUSVILLE, FL 32780      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: CD ( ) Delete  
Name: LYONS, TOM  
Address: 8301 OAKRIDGE  
City-St-Zip: SHERWOOD, AR 72120

Title: PD ( ) Delete  
Name: LYONS, JUDY  
Address: 8301 OAKRIDGE  
City-St-Zip: SHERWOOD, AR 72120

Title: VD ( ) Delete  
Name: CULPEPPER, JASON  
Address: 7310 WESTRIDGE CIRCLE  
City-St-Zip: SHERWOOD, AR 72120

Title: STD ( ) Delete  
Name: DAVIS, RON  
Address: 311 BOBWHITE ROAD  
City-St-Zip: LONOKE, AR 72086

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change ( ) Addition  
Name: EDDLEMON, MARLEEN  
Address: 2309 LINDA LANE  
City-St-Zip: JACKSONVILLE, AR 72076

Title: MEM (X) Change ( ) Addition  
Name: DAVIS, RON  
Address: 311 BOBWHITE ROAD  
City-St-Zip: LONOKE, AR 72086

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: MARLEEN EDDLEMON

VD

02/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date