

2008 FOR CORPORATION ANN REPORT

DOCUMENT # P00000103450

1. Entity Name
TAVERNIER TOWNE CINEMAS INC.



Principal Place of Business
91264 OVERSEAS HIGHWAY
TAVERNIER, FL 33070

Mailing Address
91264 OVERSEAS HIGHWAY
TAVERNIER, FL 33070

FILED
May 07, 2008 08:00 AM
Secretary of State



04062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1052467

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NEKHAILA, SAM
91264 OVERSEAS HIGHWAY
TAVERNIER, FL 33070

**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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NEKHAILA, SAM
STREET ADDRESS	125 MILANO DR.
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	VP
NAME	NEKHAILA, AYMAN
STREET ADDRESS	18 MARINA AVE.
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	SD
NAME	NEKHAILA, DOROTHY
STREET ADDRESS	125 MILANO DR.
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	TD
NAME	NEKHAILA, HEBE
STREET ADDRESS	180 MARINA AVE.
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Hebe Nekhaila 4/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #