

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000042867

1. Entity Name

P.J. SKINNY'S, INC.



Principal Place of Business

2378 IMOKALEE RD.
NAPLES FL 34110

Mailing Address

2378 IMOKALEE RD.
NAPLES FL 34110



2. Principal Place of Business - No P.O. Box #

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-3714555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PITKIN, JERALD R ESQUIRE
801 ANCHOR RODE DRIVE
SUITE 203
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

George Ina - Sec - TRS.

4-15-08

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME INA, CLAUDETTE
STREET ADDRESS 28153 ROBOLINI CT
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE ST ☐ Delete
NAME INA, GEORGE M
STREET ADDRESS 28153 ROBOLINI CT
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000906194
CITY-ST-ZIP 05/02/08-80012-018 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

George Ina - GEORGE INA, ST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-08

Date

239-594-0022

Daytime Phone #