

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90022 019 ***150.00

DOCUMENT # P01000099554

1. Entity Name

DOT'S RESTAURANT, INC.



Principal Place of Business

950 SEBRING SQUARE
SEBRING, FL 33870

Mailing Address

950 SEBRING SQUARE
SEBRING, FL 33870

DO NOT WRITE IN THIS SPACE

40000000



02142007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-1144545

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCOLLUM & RINALDO, P.A.
129 SOUTH COMMERCE AVENUE
SEBRING, FL 33870

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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, 2007 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	RANKIN, DOROTHY
STREET ADDRESS	4621 PEBBLE BEACH DRIVE
CITY-ST-ZIP	SEBRING, FL 33872
TITLE	VP
NAME	WILKERSON, LLOYD ALLEN
STREET ADDRESS	4010 EILAND DRIVE
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	ST
NAME	WILKERSON, TAMARA J
STREET ADDRESS	4010 EILAND DRIVE
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-07 863 471-2082