

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 28, 2008 08:00 AM
Secretary of State

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**



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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)

000000842474

03/11/08-80033-004 150.00

**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 **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
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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:

Dorothy Rankin **DOROTHY RANKIN**

2-26-08

Date

Daytime Phone #