

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90012 001 \*\*\*150.00

DOCUMENT # P02000070259

1. Entity Name  
STEPHANIE'S RESTAURANT INC.



Principal Place of Business  
4508 US 1 N  
ST AUGUSTINE, FL 32095

Mailing Address  
3125 KINGS RD  
SAINT AUGUSTINE, FL 32086

50002550



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042008

Chg-P

CR2E034 (12/06)

4. FEI Number  
30-0096915

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HALL, CHARLES E  
77 ALMERIA STREET  
SAINT AUGUSTINE, FL 32084

## 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

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 PT  
NAME STALLMAN, STEPHANIE  
STREET ADDRESS 3125 KINGS RD  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086 ☐ Delete

TITLE VS  
NAME STALLMAN, RANDY  
STREET ADDRESS 3125 KINGS RD  
CITY-ST-ZIP SAINT AUGUSTINE, FL 32086 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director  
NAME Stallman, Stephanie  
STREET ADDRESS 3125 Kings Road  
CITY-ST-ZIP St Augustine, FL 32086 ☒ Change ☐ Addition

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

TITLE Pres/Treas  
NAME Stallman, Kimberly  
STREET ADDRESS 3125 Kings Road  
CITY-ST-ZIP St Augustine, FL 32086 ☐ Change ☒ Addition

TITLE Director  
NAME Charles E Hall  
STREET ADDRESS 77 Almeria Street  
CITY-ST-ZIP St Augustine, FL 32084 ☐ Change ☒ Addition

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

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

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 similar language empowered.

SIGNATURE: Charles E Hall - Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08

Date

904-829-6533

Daytime Phone #