

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000105646

FILED
Apr 17, 2008
Secretary of State

Entity Name: ST. JOHNS SEAFOOD & STEAKS #9, INC.

Current Principal Place of Business:

14444-2 BEACH BLVD.
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

6550 ST. AUGUSTINE RD.
303
JACKSONVILLE, FL 32217 US

New Mailing Address:

PO BOX 550860
JACKSONVILLE, FL 32255 US

FEI Number: 30-0143810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKEL, DANIEL D
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUKAB, ROBERT
Address: 6550 ST. AUGUSTINE RD. #303
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: RUKAB-GRASSI, LORI
Address: 6550 ST. AUGUSTINE RD. #303
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: FARAH, GREG
Address: 6550 ST. AUGUSTINE RD. #303
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: FARAH, MUNA
Address: 6550 ST. AUGUSTINE RD. #303
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RUKAB, ROBERT
Address: 8326 RIDING CLUB ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change () Addition
Name: RUKAB-GRASSI, LORI
Address: P O BOX 550860
City-St-Zip: JACKSONVILLE, FL 32255

Title: D (X) Change () Addition
Name: FARAH, GREG
Address: P O BOX 550860
City-St-Zip: JACKSONVILLE, FL 32255

Title: D (X) Change () Addition
Name: FARAH, MUNA
Address: PO BOX 550860
City-St-Zip: JACKSONVILLE, FL 32255

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT RUKAB

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04/17/2008

Electronic Signature of Signing Officer or Director

Date