2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000003864

1. Entity Name
HUCKLEBBERRY FINN'S RESTAURANTS, INC.

Principal Place of Business
3821 NW BLITCHTON ROAD
OCALA, FL 34482

Mailing Address
3821 NW BLITCHTON ROAD
OCALA, FL 34482

DO NOT WRITE IN THIS SPACE

05082007 No Chg-P CR2E034 (11/05)

4. FEI Number
16-1648729
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WINTERS, L
3821 NW BLITCHTON ROAD
OCALA, FL 34482

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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 Non-applicable
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

U00000763318
05/30/07-80005-005 150.00
DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	WINTERS, L
STREET ADDRESS	3821 NW BLITCHTON ROAD
CITY-ST-ZIP	OCALA, FL 34482
TITLE	SVP
NAME	COOK, W
STREET ADDRESS	3821 NW BLITCHTON ROAD
CITY-ST-ZIP	OCALA, FL 34482
TITLE	VPO
NAME	COOK, M
STREET ADDRESS	3821 NW BLITCHTON RD
CITY-ST-ZIP	OCALA, FL 34482
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: 5-09-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #