

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90412 041 ***150.00

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1. Entity Name
CHAR-HUT & YOU FRANCHISING, INC.



Principal Place of Business
3500 SW 116TH AVENUE
DAVIE, FL 33330

Mailing Address
3500 SW 116TH AVENUE
DAVIE, FL 33330

14014110



02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3738405

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOODY, JONES & MONTEFUSCO, P.A.
1333 S. UNIVERSITY DRIVE
SUITE 201
PLANTATION, FL 33324

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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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
CAMMISA, JOSEPH P
3500 SW 116TH AVENUE
DAVIE, FL 33330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CAMMISA, KATHERINA
3500 SW 116TH AVENUE
DAVIE, FL 33330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
CAMMISA, ANTHONY J
3500 SW 116TH AVENUE
DAVIE, FL 33330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAMMISA, ANTHONY J
3500 SW 116TH AVENUE
DAVIE, FL 33330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CAMMISA, JUDITH A
3500 SW 116TH AVENUE
DAVIE, FL 33330

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #