

**2007 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED 1/2
Jul 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000086498

1. Entity Name

CHRISTINE'S JAMAICAN RESTAURANT INC.



Principal Place of Business

720 N. HASTING STREET
ORLANDO, FL 32808

Mailing Address

720 N. HASTING STREET
ORLANDO, FL 32808



06062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0126307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fes Required

6. Name and Address of Current Registered Agent

BAILEY, TREVOR
6239 EDGEWATER DR
E10
ORLANDO, FL 32810

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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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	THOMAS, FRANCITA
STREET ADDRESS	916 GARDENS STREET
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	S
NAME	ZACKERY, FELICIA
STREET ADDRESS	1625 PEREGRINE FALCON WAY
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/05/07-80003-007 150.00

**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:

X F Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-11-07

Date

Daytime Phone #