

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 05, 2008 8:00 am
Secretary of State

08-05-2008 90004 017 ***150.00

DOCUMENT # P03000086498

1. Entity Name
CHRISTINE'S JAMAICAN RESTAURANT INC.



Principal Place of Business Mailing Address
6326 W. COLONIAL DR. 6719 LORAIN ST.
ORLANDO, FL 32818 ORLANDO, FL
32810

DO NOT WRITE IN THIS SPACE



07302008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0126307 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BAILEY, TREVOR
6239 EDGEWATER DR
E10
ORLANDO, FL 32810

**DO NOT WRITE
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 12, 2008

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	P THOMAS, FRANCITA 6719 LORAIN ST. ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZACKERY, FELICIA 1625 PEREGRINE FALCON WAY ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

40112718

Francita Thomas
6719 Lorain Street
Orlando, FL 32810

July 29, 2008

Florida Dept. of State
Division of Corporations
P O Box 6198
Tallahassee, FL 32314

Re: ~~Christine Jamaican Restaurant Inc~~
#P03000086498

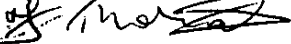
To Whom It May Concern:

This is to testify that I did not receive the papers sent to me regarding the 2008 Corporation Annual Report. Our location has changed, please note the mailing address indicated above.

Enclosed please find \$150.00 and completed Annual Report form for year 2008. In addition, I hereby request a waiver for the \$400.00 late fees.

Sincerely.

Framcita Thomas
President



321-527-1911