2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000100270

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MILTON, FL 32570

BOYETTE, LUCAS

6645 W. HWY 90

MILTON, FL 32570

(X) Delete

FILED Jan 15, 2008 Secretary of State

Entity Name: MILTON ROADHOUSE, INC. **Current Principal Place of Business: New Principal Place of Business:** 6645 WEST HWY 90 MILTON, FL 32570 **Current Mailing Address: New Mailing Address:** 3752 HWY 90 WEST LAKE CITY, FL 32055 FEI Number: 14-1892771 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BICKEL, SR., BRIAN VP/S 3752 HWY 90 WEST LAKE CITY, FL 32055 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P/D () Delete Title: (X) Change () Addition QUINTARD, ALEX QUINTARD, ALEX Name: Name: 365 CHAMPIONS COURT 365 CHAMPIONS COURT Address: Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: ORANGE PARK, FL 32073 Title: S/D Title: VP/S (X) Change () Addition () Delete BICKEL,SR, BRIAN Name: Name: BICKEL.SR. BRIAN 3752 HWY 90 WEST 3752 HWY 90 WEST Address: Address: LAKE CITY, FL 32055 LAKE CITY, FL 32055 City-St-Zip: City-St-Zip: Title: (X) Change () Addition D () Delete Title: LEACH, ANDY JOHNSON, CARMEN Name: Name: 6645 W. HWY 90 3752 HWY 90 WEST Address: Address: City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

LAKE CITY, FL 32055

() Change () Addition

VΡ SIGNATURE: BRIAN BICKEL, SR 01/15/2008