

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90034 040 ***158.75

DOCUMENT # P03000111200

1. Entity Name
RENO'S SPORTS GRILL, INC.



Principal Place of Business
**114 SE FIRST STREET STE 9
GAINESVILLE, FL 32601**

Mailing Address
**114 SE FIRST ST. STE 9
GAINESVILLE, FL 32601**

2. Principal Place of Business - No P.O. Box #
5393 ROOSEVELT BLVD
Suite, Apt. #, etc.

3. Mailing Address
5393 ROOSEVELT BLVD
Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL
Zip
32210 Country
DUVAI

City & State
JACKSONVILLE, FL
Zip
32210 Country
DUVAI

03252008 Chg-P CR2E034 (12/06)

4. FEI Number
20-0287453 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**F & L CORP
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2008 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	<input checked="" type="checkbox"/> Delete
D	SCHEEL, WILLIAM B	4589 ORTEGA BLVD	JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/>
V	MAHNS, CHARLES	2441 CAPTAIN COURT	JACKSONVILLE, FL 32210	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PRESIDENT	CHARLES MAHNS	2441 CAPTAIN CT.	JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/>
TREASURER/SECRETARY	LILA MAHNS	2441 CAPTAIN CT.	JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

3/25/2008

Date

**904-772-6735
904-759-3516**

Daytime Phone #