

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000017440

1. Entity Name
FIREWALKER RESTAURANTS, INC.



Principal Place of Business
16312 HAWKS NEST CT.
CLERMONT, FL 34711

Mailing Address
16312 HAWKS NEST CT.
CLERMONT, FL 34711

FILED
Apr 17, 2008 08:00 A
Secretary of State



04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4549368

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORK, WILLIAM C SR.
16312 HAWKS NEST CT.
CLERMONT, FL 34711

**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 \$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
PVD
CORK, WILLIAM C SR.
16312 HAWKS NEST CT.
CLERMONT, FL 34711

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
CORK, LISA W
16312 HAWKS NEST CT.
CLERMONT, FL 34711

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

U000000902290
04/29/08-80101-023 150.00

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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: William C. CORK Sr. President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/08 4072990086
Date Daytime Phone #