2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2008 8:00 am Secretary of State

· Sagi

DOCUMENT # P0400069897 1. Entity Name STEAK AND ALE OF FLORIDA, INC.						04-17-2008	90045 01	2 ***15	0.00
Principal Place of Business M		Mailing Address							
6500 INTERNATIONAL PARKWAY TAX DEPARTMENT		6500 INTERNATIONAL PARKWAY TAX DEPARTMENT PLANO, TX 75093				8810 81811 8317 86 1 11 8311			
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03182008	Chg-P	CR2E034	4 (12/06)	
City & State		City & State			4. FEI Numbe 75-139				plied For t Applicable
Zip	Country	Zip	Country	intry		of Status Desired		8.75 Add	
	6. Name and Address of Current Re	gistered Agent			7. Name and	Address of New R	egistered Ag	ent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301			Street A	Address (f	P.O. Box Numb	er is Not Acceptable	e)		
			City				FL	Zip Code	
	named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and		egistered office o			th, in the State of Flo	orida. I am far DATE	miliar with,	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00					00 May Be ed to Fees				
10. OFFICERS AND DIRE		CTORS 11.					FFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUNCO, VINCENT T 6500 INTERNATIONAL PKWY PLANO, TX 75093	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLAY 6500 PLAM	TON M. INTERN NO, TX	DIRECTOR DOVER ATIONAL PKI 75093	wy	Change	⊠ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD WILSON, JEFFREY 6500 INTERNATIONAL PKWY PLANO, TX 75093	🔀 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE SHA 6500	PRES, 5	EC, TREAS, OGINS MEH NATIONAL F	EFII	Change	Addition
TITLE NAME _ STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				· Land	Change	Addition
TITLÉ		☐ Delete	TITLE				[Change	Addition

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP In this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 downered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all of the fike empowered. 12. I hereby certify that the information supplied wi indicated on this report of suppley fiental report of the corporation or the redeiver or trustee en changed, or on an attachment with an address

NAME

TITLE

NAME

TITLE

NAME

☐ Delete

Defete

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Dave

912-588-5000

Davtime Phone #

☐ Change

Change

Addition

Addition