

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90031 011 \*\*\*150.00

**DOCUMENT # P04000082497**

1. Entity Name  
**CHERRY POCKET STEAK & SEAFOOD SHAK, INC.**



Principal Place of Business  
**3100 CANAL RD #34  
LAKE WALES, FL 33853**

Mailing Address  
**3100 CANAL RD #34  
LAKE WALES, FL 33853**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

State / Apt. # etc.

State / Apt. # etc.

City & State

City & State

Zip

Country

Zip

Country

01072008

Chg-P

CR2E034 (12/06)

4. FFI Number  
**20-7206693**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ETEN, RICHARD A  
3100 CANAL RD #34  
LAKE WALES, FL 33853**

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 must be in ink. If typed, signature must be accompanied by a notary public.)

(Signature must be in ink. If typed, signature must be accompanied by a notary public.)

Signature

**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

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | P/D                  | <input type="checkbox"/> Delete |
| NAME           | ETEN, RICHARD A      |                                 |
| STREET ADDRESS | 3100 CANAL RD #34    |                                 |
| CITY, ST, ZIP  | LAKE WALES, FL 33853 |                                 |
| TITLE          | VP/D                 | <input type="checkbox"/> Delete |
| NAME           | ETEN, ELSIE          |                                 |
| STREET ADDRESS | 3100 CANAL RD #34    |                                 |
| CITY, ST, ZIP  | LAKE WALES, FL 33853 |                                 |
| TITLE          | T                    | <input type="checkbox"/> Delete |
| NAME           | ETEN, RICHARD A      |                                 |
| STREET ADDRESS | 3100 CANAL RD #34    |                                 |
| CITY, ST, ZIP  | LAKE WALES, FL 33853 |                                 |
| TITLE          | S                    | <input type="checkbox"/> Delete |
| NAME           | ETEN, ELSIE          |                                 |
| STREET ADDRESS | 3100 CANAL RD #34    |                                 |
| CITY, ST, ZIP  | LAKE WALES, FL 33853 |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY, ST, ZIP  |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> Delete |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY, ST, ZIP  |                      |                                 |

|                |                           |                                                                              |
|----------------|---------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>SAME</b>               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>RICHARD A ETEN SR.</b> |                                                                              |
| STREET ADDRESS | <b>SAME</b>               |                                                                              |
| CITY, ST, ZIP  |                           |                                                                              |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |                                                                              |
| STREET ADDRESS |                           |                                                                              |
| CITY, ST, ZIP  |                           |                                                                              |
| TITLE          | <b>SAME</b>               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | <b>RICHARD A ETEN SR.</b> |                                                                              |
| STREET ADDRESS | <b>SAME</b>               |                                                                              |
| CITY, ST, ZIP  |                           |                                                                              |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |                                                                              |
| STREET ADDRESS |                           |                                                                              |
| CITY, ST, ZIP  |                           |                                                                              |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |                                                                              |
| STREET ADDRESS |                           |                                                                              |
| CITY, ST, ZIP  |                           |                                                                              |

12. I hereby certify that the information submitted 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 119, Florida Statutes and I am not a Block 10 or Block 11 filer changed, nor an attachment with an affidavit, with all other like empowered.

SIGNATURE:

*Richard A Eten Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-7-08 90314-6236**