## 2007 FOR PROFIT CORPORATION

## Jan 29, 2007 08:00 AM **ANNUAL REPORT** Secretary of State DOCUMENT # P04000089523 SELBIA'S TABEL D'HOTE, INC. Principal Place of Business Mailing Address 11 MILTON RD 3445 ARGYLE RD PENSACOLA, FL 32507 PACE, FL 32571 01162007 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1197238 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REAGAN, SELBIA DO NOT WRITE 3445 ARGYLE RD PACE, FL 32571 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 000000609923 02/01/07-80069-017 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSD TITLE REAGAN, SELBIA NAME STREET ADORESS 11 MILTON RD PENSACOLA, FL 32507 CITY-ST-ZIP TITLE REAGAN, JOHN STREET ADDRESS 11 MILTON RD CITY-ST-ZIP PENSACOLA, FL 32507 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

**FILED**