

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000096594

1. Entity Name
PICASSO'S RESTAURANTS, INCORPORATED



Principal Place of Business
10601 SAN JOSE BLVD
JACKSONVILLE, FL 32257

Mailing Address
6851 DISTRIBUTION AVE S
JACKSONVILLE, FL 32256

FILED
Apr 21, 2008 08:00 A
Secretary of State



02202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1281905

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRINDLEY, DON
1155 PONTE VERDA BLVD
PONTE VEDRA BEACH, FL 32082

**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 re-registering)

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 P
NAME BRINDLEY, DON
STREET ADDRESS 6811 PHILLIPS IND. BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE V
NAME EVANS, CHRISTOPHER T
STREET ADDRESS 2256 LAKE FERN DRIVE E
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE ST
NAME HAGUE, EILEEN
STREET ADDRESS 6811 PHILLIPS IND. BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
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000000909157
05/06/08-80059-018 150.00

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08

Date

904-482-0434

Daytime Phone #