2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2008 8:00 am Secretary of State

Nemonal Place of Business Name and Address of Business Name and Address of Country Surface	DOCUMENT # P04000106274 1. Entity Name JBK RESTAURANTS, INC.						03-05-2008	90026 008	3 ***15	0.00	
Application	Principal Place of Business Mailing Address				•]					
2. Principal Pace of Business - No P.O. Dox # 3. Mailing Address				_							
Surie, Apt. #, etc. Surie, Apt. #, etc. City & State City	JACKSONVILLE, FL 32225 US JACKSONVILLE, FL 32225				JS						
Surie, Apt. #, etc. Surie, Apt. #, etc. City & State City											
City & State	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	. Mailing Address							
Z.p	Suite, Apt. #, etc.		Suite, Apt. #, etc.			02012008	Chg-P	CR2E034	(12/06)		
Country	City & State		City & State								
Name Street Address (P.O. Box Number is Not Acceptable)	Zıp	Country Zip Cour		Count	iry						
HARMS, JAMES H 12530 HIGHVIEW DRIVE JACKSONVILLE, FL 32225 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 Symule, type or omnor name of registered agent and stend appacable. MOTE Registered Physics sprature recurred where resistance with the state of Florida. I am familiar with, and accept the obligations of registered agent. DATE FILE NOWITI FEE IS \$150.00		6. Name and Address of Current	Registered Agent	l	<u> </u>						
Street Address (P.O. Box Number is Not Acceptable)			- -	į	Name						
E. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, lipid or prison from or imposered agent and liter flagocates. BOTE: Projector byort supreme maked with residency. PILE NOWNITE FEE IS \$150.00. After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Trust Fund Contribution. 10. OFFICERS AND DIRECTORS. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE PARMS, JAMES H 12530 HIGH-VIEW DRIVE SITEST ADVRSS. CITY-SI-2P JACKSONVILLE, FL. 32225. CITY-	12530 HIG	HVIEW DRIVE	Street Address (P.O. Box Number is Not Acceptable)								
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. I arm familiar with, and accept the obligations of registered agent. SIGNATURE Significant File IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE NAME HARMS, JAMES H 12530 HIGH-NEW DRIVE JACKSONVILLE, FL 32225 CITY-SL-2P TITLE NAME STREET ADDRESS CITY-SL-2P TITLE NAME	JACKSONVILLE, FL 32225										
SIGNATURE Signature Signa					City FL Zip Code						
After May 1, 2008 Fee will be \$550.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITIE P											
After May 1, 2008 Fee will be \$350.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE P	SIGNATURE										
TITLE NAME STREET ADDRESS CITY-ST-2P LACKSONVILLE, FL 32225 TITLE NAME STREET ADDRESS STREET AD	FILE NOMIII FEE 13 3 130.00										
NAME SIREET ADDRESS CITY-ST-2P ITILE SIREET ADDRESS CITY-ST-2P ITILE NAME SIREET ADDRESS CITY-ST-2P ITILE SIRE	10.		DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DI	RECTORS	IN 11	
STREET ADDRESS CITY-SI-2P JACKSONVILLE, FL 32225 ITILE NAME, HARMS, KAREN B 12530 HIGHVIEW DRIVE JACKSONVILLE, FL 32225 CITY-SI-2P TITLE NAME STREET ADDRESS CITY-SI-2P	,	I 7	☐ Delete] Change	☐ Addition	
CITY-S1-2P		· ·								ļ	
NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32225 CITY-ST-ZIP											
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP	TITLE	VP .	☐ Delete	TITLE				Ţ.] Change	Addition	
CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	· ·			i						
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					*						
NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP		JACKSONVILLE, FL 32223	П.	_					3.05		
CITY-ST-ZIP			☐ Delete		1		-) wange	L_I AOGINON	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OPEIde OPEIde TITLE OPEId	STREET ADDRESS			STRE	et address						
NAME STREET ADDRESS CITY-ST-ZIP TITLE IDelete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE IDELET ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE IDELET ITTLE IDELET STREET ADDRESS CITY-ST-ZIP TITLE IDELET STREET ADDRESS CITY-ST-ZIP ITTLE IDELET STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE OPERATE OF STREET ADDRESS CITY-ST-ZIP			Delete] Change	☐ Addition	
CITY-S1-ZIP											
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTAL NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTAL NAME STREET ADDRESS CITY-ST-ZIP TOTAL NAME STREET ADDRESS CITY-ST-ZIP											
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OLY ST-ZIP TITLE OLY ST-ZIP TITLE OLY ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Defete	TITLE				E	Change	Addition	
CITY-SI-ZIP CITY-SI-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP											
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP										- -	
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE				Е) Change	Addition	
CITY-S1-ZIP CITY-S1-ZIP	NAME .			NAMI	<u>:</u>	•			•		
			•	4							
		pertify that the information supplied with	h this filing does not qualify fo			t in Chanter 119	Florida Statutos 1	further certify	that the in	formation	

inducated 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 attrichment with an address, with all other like empowered.

KAREN HARMI

3-2-08

904-705-9379

Daytime Phone #