

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000110788

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: TRATTORIA ITALIAN GRILL INC.

## Current Principal Place of Business:

222 NORTHEAST 1 ST AVENUE  
HIGH SPRINGS, FL 32643

## New Principal Place of Business:

## Current Mailing Address:

222 NE 1 ST AVENUE  
HIGH SPRINGS, FL 32643

## New Mailing Address:

FEI Number: 20-3285836

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLS, JOEL  
222 NE 1ST AVENUE  
HIGH SPRINGS, FL 32643 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MILLS, JOEL S  
Address: 222 NE 1ST AVENUE  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: VP ( ) Delete  
Name: METHOT, PETER  
Address: 222 NE 1ST AVENUE  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MILLS, JOEL S  
Address: 222 NE 1ST AVENUE  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: VPTD (X) Change ( ) Addition  
Name: METHOT, PETER  
Address: 222 NE 1ST AVENUE  
City-St-Zip: HIGH SPRINGS, FL 32643

Title: S ( ) Change (X) Addition  
Name: HAMMOND, ALEX  
Address: 222 NE 1ST AVE  
City-St-Zip: HIGH SPRINGS, FL 32643

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER METHOT

VPTD

04/30/2008

Electronic Signature of Signing Officer or Director

Date