

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

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| DOCUMENT # P06000000175 1. Entity Name CHEW RESTAURANTS OF JACKSONVILLE, INC. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 11 EAST FORSYTH STREET APT 1703 JACKSONVILLE, FL 32202 | | | Mailing Address JOHNSTON & HAMMOND 2223 OAK STREET JACKSONVILLE, FL 32204 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # 117 W. Adams St. Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Jacksonville, FL Zip 32202 County USA | | City & State Zip Country | | 4. FEI Number 20-4064754 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent JOHNSTON, CHARLES M 2223 OAK STREET JACKSONVILLE, FL 32204 | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>D INSETTA, JONATHAN</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>11 EAST FORSYTH STREET APT 1703</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32202</td> <td></td> </tr> </table> | | | TITLE | NAME | Delete | NAME | D INSETTA, JONATHAN | <input type="checkbox"/> | STREET ADDRESS | 11 EAST FORSYTH STREET APT 1703 | | CITY-ST-ZIP | JACKSONVILLE, FL 32202 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td>D Insetta, Jonathan</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1478 Riverplace Blvd. #1906</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Jacksonville, FL 32207</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table> | | | TITLE | NAME | Change Addition | NAME | D Insetta, Jonathan | <input type="checkbox"/> <input type="checkbox"/> | STREET ADDRESS | 1478 Riverplace Blvd. #1906 | | CITY-ST-ZIP | Jacksonville, FL 32207 | <input type="checkbox"/> <input type="checkbox"/> |
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| 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: <u>Jonathan Insetta</u> <u>4/28/2008</u> <u>(904)355-3793</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |