

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90117 015 ***150.00

DOCUMENT # P06000009141

1. Entity Name
BNC RESTAURANTS IV, INC.



Principal Place of Business Mailing Address
572 SUMMERWOOD DR. 572 SUMMERWOOD DR.
MINNEOLA, FL 34715 MINNEOLA, FL 34715

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2911 DAVID WALKER P.O. Box 599
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State FL. City & State MINNEOLA FL.
Zip 32726 Country USA Zip 34755 Country USA



04092008 Chg-P CR2E034 (12/06)

4. FEI Number 20-4173481 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CARDWELL, BAILEY N.
572 SUMMERWOOD DR.
MINNEOLA, FL 34715

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 [Signature] 4/21/08 DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 D
NAME CARDWELL, J. THOMAS ☐ Delete
STREET ADDRESS 420 S. ORANGE AVE., STE. 1200
CITY-ST-ZIP ORLANDO, FL 32801

TITLE D
NAME CARDWELL, BAILEY N. ☐ Delete
STREET ADDRESS 572 SUMMERWOOD DR.
CITY-ST-ZIP MINNEOLA, FL 34715

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08 (357)
241-7546
Date Daytime Phone #