2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-04-2008 90016 026 ***150.00
P06000010108

FILED

2008 APR 21 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000010108

1. Entity Name

DYNAMICALLY MANAGED RESTAURANTS, INC.

Principal Place of Business	Mailing Address
2720 PARK STREET SUITE 203 JACKSONVILLE FL 32205	2720 PARK STREET SUITE 203 JACKSONVILLE FL 32205

2. Principal Place of Business - No P.O. Box

3. Mailing Address

Dynamically Managed Restaurants Inc.
12627 San Jose Blvd, Suite 602
Jacksonville FL 32223

Dynamically Managed Restaurants Inc.
12627 San Jose Blvd, Suite 602
Jacksonville FL 32223

1st MOORE CR2E034 (10/07) 08

Number 20-4424083 ☐ Applied For ☐ Not Applicable

Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHEEK, MICHAEL V 116 RETREAT PLACE PONTE VEDRA BEACH FL 32082	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 _____ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

FEI 20-4424083

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES CHEEK, MICHAEL V 116 RETREAT PLACE PONTE VEDRA BEACH FL 32082	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC ZAEPFEL, DAVID C 2720 PARK STREET; SUITE 203 JACKSONVILLE FL 32205	☐ Delete	Sec David Zaepfel 12627 San Jose Blvd, Suite 602 Jacksonville FL 32223	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: David Zaepfel 2-26-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date