2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

04-23-2007 90065 002 ***150.00

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02202007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000023750

1. Entity Name
RED OAK RESTAURANTS I, INC.

Principal Place of Business	Mailing Address
572 ~~SUMMERWOOD DR~~	572 ~~SUMMERWOOD DR~~
~~MINNEOLA, FL 34~~715	~~MINNEOLA, FL 34~~715

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number
230 Citrus Tower BLVD	P.O. Box 599	20-4330017
Suite, Apt. #, etc.	Suite, Apt. #, etc.	☐ Applied For ☐ Not Applicable
City & State: CLEemont FL	City & State: Minneola FL.	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip: 34711 Country: LAKE	Zip: 34755-0599 Country: LAKE	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARDWELL, BAILEY N 572 SUMMERWOOD DR MINNEOLA, FL 34715	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, 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, 2007 Fee will be $550.00

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	D CARDWELL, J THOMAS 420 SOUTH ORANGE AVE SUITE 1200 ORLANDO, FL 328014904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARDWELL, BAILEY N 572 SUMMERWOOD DR MINNEOLA, FL 34715	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] Bailey Cardwell 4/18/07 (352) 241-7546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #