

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000119791

Entity Name: OG'S RESTURANT INC

**FILED**  
**Jan 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

820 LAKE KATHRYN CR  
CASELBERRY, FL 32707 US

**New Principal Place of Business:**

**Current Mailing Address:**

820 LAKE KATHRYN CR  
CASELBERRY, FL 32707 US

**New Mailing Address:**

FEI Number: 20-5563857

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CROWDER, DAVID C  
820 LAKE KATHRYN CR  
CASELBERRY, FL 32707 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  
Name: NIKOLLAJ, MHILL  
Address: 820 LAKE KATHRYN CR  
City-St-Zip: CASELBERRY, FL 32707 US

Title: VP  
Name: NIKOLLAJ, KRIST  
Address: 820 LAKE KATHRYN CR  
City-St-Zip: CASELBERRY, FL 32707 US

Title: VP  
Name: NIKOLLAJ, JOZEF  
Address: 820 LAKE KATHRYN CR  
City-St-Zip: CASELBERRY, FL 32707 US

I hereby 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 all other like empowered.

SIGNATURE: MHILL NIKOLLAJ

P

01/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date