


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000149771		
1. Entity Name MENT'S AND FINLEY'S SOULFOOD RESTAURANT, INC.		
Principal Place of Business 14519 FIFTH STREET DADE CITY, FL 33525 US	Mailing Address 37252 MOCERI AVENUE DADE CITY, FL 33523	



04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-1018008	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FINLEY, WALTER L 37252 MOCERI AVENUE DADE CITY, FL 33523	DO NOT WRITE IN THIS SPACE
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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:  **4-28-08**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000940234 05/28/08-80059-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE P	FINLEY, WALTER L 37252 MOCERI AVENUE DADE CITY, FL 33523
TITLE VP	FINLEY, ARMENTHA L 37252 MOCERI AVENUE DADE CITY, FL 33523
TITLE NAME	STREET ADDRESS
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TITLE NAME	STREET ADDRESS

DO NOT WRITE IN THIS SPACE

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:  **4-28-08** **424 3397**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #