

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90037 014 ***150.00

DOCUMENT # P07000033472

1. Entity Name
BEEF JERKY OUTLET SE, INC.



Principal Place of Business
**4383 HARBOUR TERRACE
NORTH FORT MYERS, FL 33903**

Mailing Address
**4383 HARBOUR TERRACE
NORTH FORT MYERS, FL 33903**

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

12951 Metro Parkway

Suite, Apt. #, etc.

Suite 12

City & State

Ft Myers, FL

Zip

33966

Country

LCC

3. Mailing Address

12951 Metro Parkway

Suite, Apt. #, etc.

Suite 12

City & State

Ft Myers, FL

Zip

33966

Country

LCC

01232008

Chg-P

CR2E034 (12/06)

4. FEI Number

14-1992313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MINER, BOBBIE S
1207 SW 19TH LANE
CAPE CORAL, FL 33991**

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ENGH, DAVID A
4383 HARBOUR TERRACE
NORTH FORT MYERS, FL 33903** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Dawn Ellis Engh
4383 Harbour Terrace
North Ft Myers, FL 33903** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-08

Date

239-561-6900

Daytime Phone #