

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000043579

1. Entity Name  
ST. CLOUD BURGER, INC.



Principal Place of Business  
3554 13TH STREET  
ST. CLOUD, FL 32769 FL

Mailing Address  
3554 13TH STREET  
ST. CLOUD, FL 32769 FL

2. Principal Place of Business - No P.O. Box #  
3979 W. Tennessee St  
Suite, Apt. #, etc.

3. Mailing Address  
6606 MAN O WAR DR  
Suite, Apt. #, etc.

City & State  
Tallahassee, FL  
Zip Country  
32304 U.S.

City & State  
Tallahassee  
Zip Country  
32309

07212008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

KAISANI, PERVEZ W  
1471 ARBITUS CIRCLE  
OVIEDO, FL 32765

## 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  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAISANI, PERVEZ W 1471 ARBITUS CIRCLE OVIEDO, FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAISANI, WAZIRALI 1489 ARBITUS CIRCLE OVIEDO, FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAISANI, IQBAL 670 CLEMSON LANE LAWRENCEVILLE, GA 30043	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUTIERREZ, ANDREW CHARLES 3022 SUMMER HOUSE DRIVE VALRICO, FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400133216474	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	07/21/08--01023--006 **\$20.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 JUL 21 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

