

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000076507

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: JERRY'S CASUAL PATIO OF DAVIE, INC.

## Current Principal Place of Business:

7080 STATE ROAD 84  
SUITE 5  
DAVIE, FL 33317 US

## New Principal Place of Business:

## Current Mailing Address:

7080 STATE ROAD 84  
SUITE 5  
DAVIE, FL 33317 US

## New Mailing Address:

16159 77TH LN N  
LOXAHATCHEE, FL 33470 US

FEI Number: 26-0462523

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RINE, JAMES  
7080 STATE ROAD 84  
SUITE 5  
DAVIE, FL 33317 US

## Name and Address of New Registered Agent:

RINE, JAMES  
16159 77TH LN N  
LOXAHATCHEE, FL 33370 US

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: JAMES RINE

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RINE, JAMES  
Address: 7080 STATE ROAD 84, SUITE 5  
City-St-Zip: DAVIE, FL 33317 US

Title: VP ( ) Delete  
Name: RINE, JAMES  
Address: 7080 STATE ROAD 84, SUITE 5  
City-St-Zip: DAVIE, FL 33317 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RINE, JAMES  
Address: 16159 77TH LN N  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: VP (X) Change ( ) Addition  
Name: RINE, JAMES  
Address: 16159 77TH LN N  
City-St-Zip: LOXAHATCHEE, FL 33470 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES RINE

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date