2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # P07000081932 1. Entity Name NO RESERVATIONS NEEDED, INC.									03-3	1-2008	90029	036 ***1	.50.00	
Principal Place of Business				Mailing Address										
811 NE 24TH ST Pompano Beach, Fl 33064				811 NE 24TH ST Pompano Beach, FL 33064			.	660	08 05		enn nin T		EEER N DON	
Principal Place of Business - No P.O. Box 9 Mailing Address														
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03282008	Chg-	P	CR2E0	34 (12/06)		
City & State				City & State				26-2412613			N	oplied For of Applicable		
Zip	Country			Т р	ntry 	Fee				\$8.75 Add Fee Require	8.75 Additional e Required			
6. Name and Address of Current Registered Agent								7. Name and	Address	of New Re	gistered /	vgent		
BOUGARD, MICHELE TR.						Name								
811 NE 24TH ST POMPANO BEACH, FL 33064						Street Address (P.O. Box Number is Not Acceptable)								
						City					FL	Zip Cod		
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	tions of registe		t to the p	orpose or changing as	i i Byrsici	oo onice or re	ug wen	60 age, a, ca 50				,	ин всері	
SIGNATURE.	Signature, typed o	y printed name of registered a	pent and title	l'applicable (NOT	E: Pagetere	d Agent signature	required	when reinstating)			DATE			
FILE NOWIN FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Cempaign Financing \$5.00 May 8e Trust Fund Contribution. Added to Fees														
10.		OFFICERS A	ND DIREC		11.			ADDITIONS	CHANGES	TO OFFI	CERS AND			
TITLE	PTD Delete BOUGARD, MICHELE TR.					E E						☐ Change	Addition	
STREET ADORESS	ET ADDRESS 811 NE 24TH ST				STRE	EET ADORESS							,	
CITY-SI-ZIP	POMPANO BEACH, FL 33064 CIT					· SI - ZIP					· · - · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
NAME	l i i	BOUGARD, JASON TR.										[] Glaige	CT ADDISON	
STREET ADDRESS CITY-57-ZIP	; -	811 NE 24TH ST POMPANO BEACH, FL 33064												
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CITY-ST-ZIP	<u> </u>					- ST - ZIP								
TITLE NAME				☐ Delete	TITU MAM	- 1						Change	☐ Addition	
STREET ADDRESS CITY+S7-ZIP					STRE	EFF ADDRESS.			-					
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NAME		•			NAM									
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS '-ST-ZIP								
12. I hereby indicated of the co	12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I turther certify that the information indicated on this report or supplier@est-eport 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 of turstee 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, by on an attachpter with an address, with all other like empowered.													
SIGNAT		1 Leclu	ue!	Dauge	u	1	PRE	<u> </u>	3/2	- 1 -	.)		-4600	
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