

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2008 8:00 am
Secretary of State

03-12-2008 90025 039 ***150.00

DOCUMENT # P07000093617 1. Entity Name BASIL OF ORMOND BEACH, INC.																										
Principal Place of Business 100 RIVELL TRAIL ORMOND BEACH FL 32174			Mailing Address 100 RIVELL TRAIL ORMOND BEACH FL 32174																							
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																								
City & State		City & State																								
Zip	Country	Zip	Country																							
4. FEI Number 26 0751079			☐ Applied For ☒ Not Applicable																							
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required																							
6. Name and Address of Current Registered Agent PEHR, TINA L 100 RIVELL TRAIL ORMOND BEACH FL 32174			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 _____ DATE _____ Signature, typed or printed name of registered agent and state if principal case. (NOTE: Registered Agent's return required when changing agent)																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">PDS</td> <td style="width: 30%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>PEHR, TINA L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>100 RIVELL TRAIL</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORMOND BEACH FL 32174</td> <td></td> </tr> </table>			TITLE	PDS	☐ Delete	NAME	PEHR, TINA L		STREET ADDRESS	100 RIVELL TRAIL		CITY - ST - ZIP	ORMOND BEACH FL 32174		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Tina L Pehr President</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>3-3-08</u> <u>386-677-9471</u> Date																							