2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000101365

1. Entity Name



FILED Apr 10, 2008 8:00 am Secretary of State

04-10-2008 90031 026 ***150.00

JAMÉS B	RAND GALLERY CAFE, I	INC.					
113 N BAY STREET			11645 MAGNOLIA AVE			erol nyk szlál nyaz (kie zkal d	1158k II 1 24 1
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03162008	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Numbe コム・O	87559		oplied For at Applicable
Zip	Country			5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Curre	nt Registered Agent		7. Name and	Address of New	Registered Agent	
BRAND, JAMES E 113 N BAY STREET EUSTIS, FL 32726				Name Street Address (P.O. Box Number is Not Acceptable)			
			City			FL Zip Cod	е
	named entity submits this statement ions of registered agent. Signature, typed or printed name of registered age		s registered office or re		n, in the State of F	Rorida. I am familiar with,	and accept
Fil. After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550		tribution.	\$5.00 May Be Added to Fees			
10.	· · · · · · · · · · · · · · · · · · ·	ID DIRECTORS	11.	ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	
NAME STREET ADDRESS CITY-ST-ZIP	PD BRAND, JAMES E 113 N BAY STREET EUSTIS, FL 32726	☐ Defete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
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NAME STREET ADDRESS CITY-ST-7IP		☐ Delete	TITLE NAME STREET ADDRESS CHTY-ST-7IP			Change	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 attackment with an address, with all other like empowered.

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR