

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2008 8:00 am
Secretary of State

01-31-2008 90032 013 ***150.00

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1st MOORE CR2E034 (10/07)

DOCUMENT # P07000102153					
1. Entity Name BUJOHN SNACK BAR INC					
Principal Place of Business 5400 EAST BUSINESS 98 PANAMA CITY FL 32404			Mailing Address PO BOX 10588 PANAMA CITY FL 32404		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address PO Box 10588		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Panama City, F			4. FEI Number 26-0904793-04012		
Zip 32404	Country FL	City & State Panama City, F	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RUPERT, KATHY 1632 LOWER BRIDGE ROAD CRAWFORDVILLE FL 32327			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 registering.) DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P RUPERT, KATHY PO BOX 10588 PANAMA CITY FL 32404 ☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP MC MONAGLE, JAMES P PO BOX 10588 PANAMA CITY FL 32404 ☒ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S MC MONAGLE, CATHY PO BOX 10588 PANAMA CITY FL 32404 ☒ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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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:			1/27/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		