2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED May 27, 2008 8:00 am Secretary of State 05-01-2008 90183 026 ***150.00

DOCUMENT # P07000104805 1. Entity Name MATCHSTICK GRILL OF LARGO, INC.				05-01-2008 90183 026 ***150.00	
Principal Place of Business		Mailing Address			
10500 ULMERTON ROAD Largo, Fl. 33771		2325 ULMERTON ROAD Suite 20			66012085
		CLEARWATER, FL 33762			I KONKON IN FORK 1214 ORTH BOUNT TO BUT BOOK HOW BOTH DRACT TORK DOVER OUTSTOLD IN THE
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite. Apt. #, etc.			03262008 Chg-P CR2E034 (12/06)
City & State		City & State			4. FEI Number Applied For Not Applied For Not Applicable
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent					
MORRIS, GREGORY D 2325 ULMERTON ROAD					urton Bullard
				Street Address (P.O. Box Number is Not Acceptable)	
SUITE 20 CLEARWATER, FL 33762				23	325 Ulmoston Rd, Suite 20
				City C	MEWATER FL 33762
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, hybrid or primed name of registered agent and size if applicable. [POTE: Registered Agent agreetive required when remaintening] FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.					
10.	OFFICERS AND		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P	0111001107110	Delete .	tate		☐ Change ☐ Addition
l I	RD, FRED B-JR.		- NAM	ET ADORESS	
! !	JLLARD DR. WATER, FL 33762			-ST-ZIP	
TITLE	· · ·	☐ Delete	MIL	٢ ٢	☐ Change —— Addition
NAME CINCET ADDRECE			NAM STRE	ECT ADDRESS 33	CLESSUMMETON Rd, SINTE 20 CLESSUMMETON Rd, SINTE 20 CLESSUMMER PL 33762
STREET ADDRESS CITY-ST-ZIP	•			-S1-ZIP	Clearmoter FL 33762
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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 path; 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 altachment with an address, with all other its empowered.					