

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90045 019 ***158.75

DOCUMENT # P07000108533

1. Entity Name
INDY FRIED CHICKEN, INC.



Principal Place of Business
**12333 APOLLO DRIVE
FORT MYERS, FL 33908**

Mailing Address
**12333 APOLLO DRIVE
FORT MYERS, FL 33908**

40067808



2. Principal Place of Business - No P.O. Box #

**19041 SAN CARLOS BLVD.
Suite, Apt. #, etc.
8**

3. Mailing Address

**19041 SAN CARLOS BLVD.
Suite, Apt. #, etc.
8**

04122008

Chg-P

CR2E034 (12/06)

City & State

**FT. MYERS BEACH, FL
Zip 33931
Country LEE**

City & State

**FT. MYERS BEACH, FL
Zip 33931
Country LEE**

4. FEI Number

26-1206113

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AGNEW, RAYMOND C
12333 APOLLO DRIVE
FORT MYERS, FL 33908**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
STEF, LINDA G
117 VOORHIS ST
FORT MYERS BEACH, FL 33931** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DSV
AGNEW, RAYMOND C
12333 APOLLO DRIVE
FORT MYERS, FL 33908** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
- - - ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 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 attachment with an address with all other like empowered.

SIGNATURE: **L. Gayle Stef** (L. GAYLE STEF) 4-12-08 (239) 770-2707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #