

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT.# P93000016072

1. Entity Name  
BUFFALO'S OF AMERICA, INC.



Principal Place of Business  
139 N. RYAN ST.  
SANTA ROSA BEACH, FL 32459

Mailing Address  
905 EAST FAIRVIEW AVE.  
MONTGOMERY, AL 36106

**FILED**  
**Jul 29, 2008 08:00 AM**  
**Secretary of State**



07212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2962247

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

AZAR, NORMAN C  
139 N. RYAN ST.  
SANTA ROSA BEACH, FL 32459

**DO NOT WRITE  
IN THIS SPACE**

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 *Norman C. Azar* (Norman C. Azar)

7/22/08  
DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME AZAR, NORMAN  
STREET ADDRESS 139 N. RYAN ST.  
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE TD  
NAME MARTIN, MARK  
STREET ADDRESS 14529 US 331 SOUTH  
CITY-ST-ZIP FREEPORT, FL 32439

TITLE SD  
NAME KITTRELL, GRADY  
STREET ADDRESS 68 NORTH RYAN ST  
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000956635  
07/29/08-80003-009 558.75

**DO NOT WRITE  
IN THIS SPACE**

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: *Norman C. Azar* (Norman C. Azar)

7/22/08  
Date

334/546/3474  
Daytime Phone #