



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P93000083130 1. Entity Name DJON'S RESTAURANT, INC. |  |
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| Principal Place of Business 522 OCEAN AVE. MELBOURNE, FL 32951 | Mailing Address 249 5TH AVENUE INDIALANTIC, FL 32903 |
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04262008 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 59-3211632 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

PEPAJ, DJON
249 5TH AVENUE
INDIALANTIC, FL 32903

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000942849 05/29/08-80036-011 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES PEPAJ, DJON 249 5TH AVENUE INDIALANTIC, FL 32903 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PEPAJ, MELINDA VP 249 5TH AVENUE INDIALANTIC, FL 32903 |
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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: Djon Pepaj  Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR