2008 FOR PROFIT CORPORATION

FILED Apr 03, 2008 8:00 am Secretary of State

ANNUAL REPORT								Secretary or State				
DOCUMENT # P9400030332 1. Entity Name BIG EASY CAJUN - ORANGE PARK, INC.									04-03-20	008 90022	2 045 ***1:	50.00
Principal Place of Business 9446 PHILLIPS HWY. SUITE 8 JACKSONVILLE, FL 32256 US				Mailing Address 9446 PHILLIPS HWY. SUITE 8 JACKSONVILLE, FL 32256 US				40057906				
2. Principal Place of Business - No P.O. Box # 10175 FORTUNE PKWY Suite, Apt. #, etc. SuitE 705			<i>!</i>	Mailing Address 10175 For 1 Suite, Apt. #, etc. 301+6 705	PKI	NY	02222008 Chg-P CR2E034 (12/06)					
City & State JACKSON VIIIE FL				City & State J ACKSON UI	FL	4. FEI Number 59-3238135				} -	plied For of Applicable	
^{Zip} 377	Zip Country		, a	Zip Cour		y 4 5 A	<u> </u>		of Status Desire	d []	\$8.75 Add	
	6. Name	and Address of	Current Regi	istered Agent			····	7. Name and	Address of New	w Registered	J Agent	
YEN, KUNG-PO 10175 FORTUNE PKWY STE 705 JACKSONVILLE, FL 32256						Name Street Address (P.O. Box Number is Not Acceptable)						
						City FL Zip Code						
	named entiti ions of regist		ement for the	purpose of changing its	registered	office or re	egistere	ed agent, or bo	th, in the State of	Florida. Lar	n familiar with,	and accept
SIGNATURE	Signature, typed	or printed name of regist	ered agent and titl	e d sonicanie. (NOT	F: Becustered	Ameni siminture	required	when reinstating)		DATE		
	E NOW!!!	FEE IS \$150 8 Fee will be	.00	9. Election Campa Trust Fund Cont	ign Financ		\$5.	00 May Be ed to Fees				
10.		OFF1CE	RS AND DIRE	CTORS	11.			ADDITIONS	CHANGES TO	OFFICERS AN	ND DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP		NG-PO RTUNE PKWY NVILLE, FL 322		☐ Delete	TITLE NAME STREET CITY-S	I ADDRESS ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		NG-TI PRTUNE PKWY NVILLE, FL 322		□ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-2IP					() Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP				□ Delete	TITLE NAME STREET CITY+S	T ADDRESS					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Oclete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP					□ Change	Addition
TITLE NAME STREET ADDRESS				☐ Oelete	NILE NAME STREET	T ADDRESS					☐ Change	Addition

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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

KUNG-PO YEN

24/08