2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000056294

PALMORE, JAMES

181 BERMONT AVE.

LEHIGH, FL 33972

Name:

Address:

City-St-Zip:

Entity Name: BAXTER RESTAURANTS OF LEE COUNTY, INC

FILED Apr 10, 2007 Secretary of State

Littly Na	IIIC. DAXIEN	RESTAURANTS OF LEE	COONTT, INC.			
Current P	rincipal Plac	e of Business:	New Prin	New Principal Place of Business:		
21200 PAL ALVA, FL	_M BEACH BL 33920	VD				
Current Mailing Address:			New Mail	New Mailing Address:		
21200 PAL ALVA, FL	_M BEACH BL 33920	VD				
FEI Number	: 65-0678139	FEI Number Applied For()	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent	: Name and	d Address o	of New Registered Agent:	
12670 NE\	O, TRUMAN . W BRITTANY ERS, FL 3390	BLVD. #101				
	named entity e of Florida.	submits this statement for t	he purpose of changing	its registere	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered	Agent		Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ().				
OFFICER	S AND DIREC	CTORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (SEXTON, STE 7481 DANA LII N FORT MYEF	N CIRCLE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	V (PALMORE, KE 181 BERMON' LEHIGH, FL 3	T AVE.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	T (SEXTON, JEA 7481 DANA LII N FORT MYEF	N CIRCLE	Title: Name: Address: City-St-Zip:		(X) Change () Addition AMANTHA LIN CIRCLE 'ERS, FL 33920	
Title:	S () Delete	Title:	S	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SEXTON, JEANNE M

7481 DANA LIN CIRCLE

N. FORT MYERS, FL 33920

SIGNATURE: STEVE S. SEXTON P 04/10/2007