## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000056294

Name:

Address:

City-St-Zip:

7481 DANA LIN CIRCLE

N. FORT MYERS, FL 33920

Entity Name: BAXTER RESTAURANTS OF LEE COUNTY, INC.

**FILED** Feb 05, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 21200 PALM BEACH BLVD ALVA, FL 33920 **Current Mailing Address: New Mailing Address:** 21200 PALM BEACH BLVD ALVA, FL 33920 FEI Number: 65-0678139 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COSTELLO, TRUMAN J 12670 NEW BRITTANY BLVD. #101 FORT MYERS, FL 33907 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition SEXTON, STEVE S Name: Name: 7481 DANA LIN CIRCLE Address: Address: City-St-Zip: N FORT MYERS, FL 33917 City-St-Zip: Title: Title: () Delete () Change () Addition Name: PALMORE, KERRY Name: 181 BERMONT AVE. Address: Address: LEHIGH, FL 33972 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition SEXTON, SAMANTHA Name: Name: 7481 DANA LIN CIRCLE Address: Address: City-St-Zip: N FORT MYERS, FL 33920 City-St-Zip: Title: ( ) Delete Title: () Change () Addition SEXTON, JEANNE M

I hereby certify that the information supplied with this filing does not qualify 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:

SIGNATURE: STEVE SEXTON **PRES** 02/05/2008