

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000075933**

1. Entity Name  
**CHOWDHURY & HINES CHICKEN, INC.**



Principal Place of Business  
**16050 NW HWY 441  
ALACHUA, FL 32616 US**

Mailing Address  
**31 TOWNLINE RD  
WETHERSFIELD, CT 06109 US**



07182007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**06-1496337**

Applied For  
Not Applicable

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

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

**DELANEY, PHILIP A  
3426 N.W. 43RD STREET  
SUITE B  
GAINESVILLE, FL 32606**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

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

**000000770021  
07/23/07-80005-011 550.00**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HINES, DAVID
STREET ADDRESS	31 TOWN LINE ROAD
CITY- ST- ZIP	WETHERSFIELD, CT 06109
TITLE	D
NAME	CHOWDHURY, LOKMAN
STREET ADDRESS	31 TOWN LINE ROAD
CITY- ST- ZIP	WETHERSFIELD, CT 06109
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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:** *David G Hines DAVID G HINES*

**7/18/07 (R00) 563-8141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #