2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2008 08:00 AM Secretary of State

ANNUAL REPORT			Feb 15, 2008 08:0		
DOCUMENT # P97000101880 1. Entity Name BOURBON ST. CAFE OF CHARLOTTE COUNTY, INC.				Secr	retary of St
BOOKBON ST. CAPE OF CHARLOTTE	COONTY, INC.				
1441 TAMIAMI TRAIL, #615	Mailing Address 1441 TAMIAMI TRAIL, #615 PORT CHARLOTTE, FL 33948	ı	1 18 817 88 1 718 1 1017 181	#11 88 111 88111 8818+ 1180 82 78+	
	· . ,	٠.		o Chg-P CR2E	034 (11/05)
DO NOT WRITE IN THIS SPA		CE	4. FEI Number 65-0800034		Applied For Not Applicable
	_		5. Certificate of Stat	tus Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Reg	istered Agent		· .		
LEUNG, STEVE 1441 TAMIAMI TRAIL, #615 PORT CHARLOTTE, FL 33948				OT WRITI	
				y 1 (
The above named entity submits this statement for the the obligations of registered agent	purpose of changing its register	ed office or register	red agent, or both, in th	e State of Florida. I am	familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and life	e if applicable (NOTE, Registere	d Agent signature required	when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution	+-	.00 May Be ed to Fees		
10. OFFICERS AND DIRE	ECTORS	_	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
NAME STREEL ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33952			ns		75 • 2012 150 00 1
TITLE VP NAME LEUNG, DIH DIH STREET ADDRESS 406 SPRINGLAKE BLVD CITY-ST-ZIP PORT CHARLOTTE, FL 33952				., 20, 00 -000TL	7 013 130.00
TITLE NAML STREET ADDRESS CITY-SI-ZIP			DO NO	OT WRITI	:
TITLE NAME STREET ADDRESS CITY-S1-ZIP			IN TH	IS SPACE	=
TITLE NAME STREET ADDRESS CITY-ST-ZIP			i		
TITLE		1	i		

12. Thereby 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/2008 (94) 255-5591