## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered

TYPED OR PRINTED NAME OF

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## May 01, 2008 8:00 am Secretary of State DOCUMENT # P97000104935 05-01-2008 90183 027 \*\*\*150.00 DURANGO STEAKHOUSE OF TITUSVILLE, INC. Principal Place of Business Mailing Address 2325 ULMERTON ROAD **UUUUV~~** -2325 ULMERTON ROAD SUITE 20 SUITE 20 CLEARWATER, FL 33762 CLEARWATER, FL 33762 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03262008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3482619 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Burton Bullaro MORRIS, GREGORY D Street Address (P.O. Box Number is Not Acceptable) 2325 ULMERTON ROAD SUITE 20 2325 Ulmeston Rd. CLEARWATER, FL 33762 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 regis ered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition BULLARD, FRED B JR NAME NAME . . STREET ADDRESS 2325 ULMERTON ROAD, SUITE 20 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33762 CITY-ST-ZIP VPD TITLE ☐ Delete Change ☐ Addition MORRIS, GREGORY D NAME NAME STREET ADDRESS 2325 ULMERTON ROAD, SUITE 20 STREET ADDRESS CLEARWATER, FL 33762 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition BURTON BUILDED 2325 UL MOSTON Rd, Swite 20 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

727-576-6424