## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**ANNUAL REPORT FILED** May 01, 2007 08:00 AM Secretary of State DOCUMENT # P98000035510 PLAZA LUNCH, INC. Principal Place of Business Mailing Address 10705 SE HIGHWAY 441 10705 SE HIGHWAY 441 BELLEVIEW, FL 34420 BELLEVIEW, FL 34420 01182007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3506917 Not Applicable \$8.75 Additional 5. Certificate of Status Desired  $\Box$ Fee Required 6. Name and Address of Current Registered Agent GRUNDY, DAVID A DO NOT WRITE 12910 SE - 55TH AVE ROAD BELLEVIEW, FL 34420 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U000000753658 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 05/22/07-80029-010 150.00 10. OFFICERS AND DIRECTORS TITLE D GRUNDY, DAVID A NAME STREET ADDRESS 10705 SE HIGHWAY 441 CITY-ST-ZIP BELLEVIEW, FL 34420 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 attacyment with an address; with all other like empowered.

SIGNATURE: SIGNATURE AND TYPING OF PONTEN NAME OF SIGNAM

STREET ADDRESS CITY-ST-ZIP

4-0

352-245-8881