


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90112 028 \*\*\*150.00

<b>DOCUMENT # P98000090063</b>			
1. Entity Name <b>EL TORO MEXICAN RESTAURANT OF GAINESVILLE, INC.</b>			
Principal Place of Business <b>1723 SW 13TH ST GAINESVILLE FL 32605</b>		Mailing Address <b>1723 SW 13TH ST GAINESVILLE FL 32605</b>	
2. Principal Place of Business - No P.O. Box # <b>15202 NW 147 Drive</b>		3. Mailing Address <b>4701 NW 19 Place</b>	
Suite, Apt. #, etc. <b>Suite 1100</b>		Suite, Apt. #, etc. <b></b>	
City & State <b>Alachua, Fla</b>		City & State <b>Gainesville FLA</b>	
Zip <b>32615</b>	Country <b>USA</b>	Zip <b>32605</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>BERGER STOCKWELL, PATRICIA 1723 SW 13TH ST GAINESVILLE FL 32608</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTOS STOCKWELL, PATTY 4701 N.W. 19TH PLACE GAINESVILLE FL 32605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Patty Stockwell</i> <b>Patty Stockwell</b>		Date: <b>4/18/08</b> 352-377-5251	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	



1st MOORE CR2E034 (10/07)

4. FEI Number **26-2335940** Applied For  
Not Applicable

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