

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90136 005 \*\*\*150.00

**DOCUMENT # P98000093505**

1. Entity Name

FALAFELBURGER, INC.



Principal Place of Business  
ONE SE FIRST AVE.  
GAINESVILLE FL 32601

Mailing Address  
ONE SE FIRST AVE.  
GAINESVILLE FL 32601



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

4. FEI Number

59-3651156

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOLLINGER, JEFF  
ONE SE FIRST AVE.  
GAINESVILLE FL 32601

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> Delete
NAME	FARAH, NICK JR.	
STREET ADDRESS	1120 W. UNIVERSITY AVE.	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DOLLINGER, JEFF	
STREET ADDRESS	ONE SE FIRST AVE.	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	P	<input type="checkbox"/> Delete
NAME	SAYEN, FARAH	
STREET ADDRESS	1120 W UNIVERSITY AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President and Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeff Dollinger	
STREET ADDRESS	One SE First Ave.	
CITY-ST-ZIP	Gainesville, FL 32601	
TITLE	Director & Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nick Farah	
STREET ADDRESS	1120 W. University Ave.	
CITY-ST-ZIP	Gainesville, FL 32601	
TITLE	Director and Vice-President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan McJame	
STREET ADDRESS	830 Ronald Reagan Blvd, Suite 202	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE	Director & Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher Lee	
STREET ADDRESS	830 Ronald Reagan Blvd, Suite 202	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 4/18/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 352-376-5242

Date

Daytime Phone #