2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000107137

1. Entity Name
SCARLETT'S RESTAURANT, INC.

Principal Place of Business	Mailing Address
70 HYPOLITA ST. ST AUGUSTINE, FL 32084	44 AVENIDA MENDENDEZ ST AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

01182007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3546646		Not Applicable

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

6. Name and Address of Current Registered Agent

ARBIZZANI, L. JOHN
44 AVENIDA MENENDEZ
ST. AUGUSTINE, FL 32084

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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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARBIZZANI, L JOHN
STREET ADDRESS	44 AVENIDA MENDENDEZ
CITY-ST-ZIP	ST AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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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 attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/14/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #