## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 10, 2008 08:00 AM **Secretary of State** DOCUMENT # P98000107137 1. Entity Name SCARLETT'S RESTAURANT, INC. Principal Place of Business Mailing Address 70 HYPOLITA ST. 44 AVENIDA MENDENDEZ ST AUGUSTINE, FL 32084 ST AUGUSTINE, FL 32084 03032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3546646 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ARBIZZANI, L. JOHN DO NOT WRITE 44 AVENIDA MENENDEZ IN THIS SPACE ST. AUGUSTINE, FL 32084 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution -Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME ARBIZZANI, L JOHN STREET ADDRESS 44 AVENIDA MENDENDEZ ST AUGUSTINE, FL 32084 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling 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

NAME
STREET ADDRESS
CITY-ST-ZIP

L. JOHN

-. John ARBIZZANI

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904.829.5578

FILED

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