## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 05, 2007 8:00 am Secretary of State 03-05-2007 90066 007 \*\*\*150.00 DOCUMENT # P99000058229 1. Enlity Name EOLA TAVERN, INC. Principal Place of Business Mailing Address 60020770 301 E PINE STREET **301 E PINE STREET** SUITE 100 SUITE 100 ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02262007 Chq-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3587831 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARKEY & FOWLER, PA Street Address (P.O. Box Number is Not Acceptable) 25 MCLEOD STREET MERRITT ISLAND, FL 32953 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition RYSER, CANDIE NAME NAME STREET ADDRESS 30 JAMES AVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City ST-ZIP 12. I hereby certify that the information supplied with this filing coes 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 adarties, with all other like empowered. SIGNATURE: NG OFFICER OR DIRECTOR Daykme Phone #

FILED

## **ATTACHMENT**

4P99000058229

MARKEY & FOWLER, PA 25 MCLEOD STREET MERRITT ISLAND FL 32953		Street Addre	Street Address (P.O. Box Number is Not Acceptable)	
141-1	WITT IODAND TE GESSO		•	
	_	City		FL Zip Code
	named entity submits this statement for the purpose of changing its ions of registered agent.	registered office or reg	istored agent, or both, in the State of Flo	<u> </u>
SIGNATURE -	Signature, typed or printed name of registered agent and file if implicable. (NOTE	Registered Agent signature rec	quired when tenistaling)	DATE.
After	ILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee Will Be \$550.00 Payable to Florida Department of State		9. Election Campa Trust Fund Con	
1,0.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 11
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	certify that the information supplied with this filing does not qualify on this report or supplied on this report or supplied on this report or supplied on the report of responsibility of the report	for the exemptions con my signature shall have rt as required by Chapt red.	tained in Section 119, Florida Statutes, the same logal effect as if made under or 607, Florida Statutes; and that my nar	further certify that the information oath; that I am an officer or director ne appears in Block 10 or Block 11
SIGNAT	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Dale	Daytime Phone #