

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000079067

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** HMS STEAKHOUSE OF FORT MYERS, INC.

**Current Principal Place of Business:**

12635 S CLEVELAND AVE  
FT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

4744 N DALE MABRY HWY  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 59-3722172

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KAHELIN, SALLY  
4744 N DALE MABRY HWY  
TAMPA, FL 33614 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MOUNTFORD, JOHN  
Address: 4744 N DALE MABRY  
City-St-Zip: TAMPA, FL 33614

Title: S ( ) Delete  
Name: KAHELIN, SALLY  
Address: 4744 N DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33614 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALLY KAHELIN

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04/28/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date