

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


APPROVED  
AND  
FILED

07 NOV -6 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11-7-07



<b>DOCUMENT # S61528</b>		
1. Entity Name <b>CLOYDE'S STEAK &amp; LOBSTER CORPORATION</b>		

Principal Place of Business <b>4050 GULF SHORE BLVD. NAPLES, FL 33940</b>	Mailing Address <b>4050 GULF SHORE BLVD. NAPLES, FL 33940</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10302007 Chg-P CR2E034 (12/06)

4. FEI Number <b>65-0270186</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PATE, ERIC C 4050 GULF SHORE BLVD., NORTH NAPLES, FL 33940</b>		Name <b>CLOYDE PATE</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<b>4050 Gulf Shore Blvd. North</b>	
		City <b>Naples</b>	State <b>FL</b> Zip Code <b>33940</b>

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 **CLOYDE PATE -x** *Cloyde Pate* **11/5/07** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD PATE, ERIC 4050 GULF SHORE BLVD. N. NAPLES, FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD CLOYDE PATE 4050 Gulf Shore Blvd North Naples, FL 33940</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JEANGUENAT, JEANNE 4050 GULF SHORE BLVD. N. NAPLES, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>900112269269 11/14/07--01014--007 **\$1.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **JEANNE JEANGUENAT -x** *Jeanne Jeanguenat* **11-5-07** DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR