## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an atjachment with an address, with all other like empowered.

SIGNATURE:

## Apr 16, 2007 08:00 A Secretary of State DOCUMENT # V01377 1. Entity Namo SALIS & CROSBY, INC. Principal Place of Business Mailing Address %LINDY'S FRIED CHICKEN. %LINDY'S FRIED CHICKEN 1231 E LAFAYETTE ST 1231 E LAFAYETTE ST TALLAHASSEE FL 32301; TALLAHASSEE FL 32301 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3041109 Not Applicable Country Zιp Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SALIS, RAYMOND P JR Street Address (P.O. Box Number is Not Acceptable) 1231 É LAFAYETTE ST TALLAHASSEE FL 32301 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 it applicable. (NOTE Registered Agent signature required when reinstalling) DATE → FILE NOW!!! FEE IS \$150.00 🔆 After May 1, 2007 Fee Will Be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE Change Delete HILL Addition SALIS, RAYMOND P JR NAME NAME U00000710574 400 MERIDAN PLACE STREET ADDRESS STREET ADORESS 04/25/07-80048-025 150.00 TALLAHASSEE FL CITY-SI-ZIP CITY-ST-7IP TITLE Delete IIILE Change Addition . CROSBY, JOHN JR NAME NAME PO BOX 13874 STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32317 CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete THE ☐ Change Addition NAME NAMI STREET ADORESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP HILL Delete TITLE Change Addition NAME NAMI' STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP TITLE Delete HDF Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Delete HITE ☐ Change Addition NAME NAML STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Raymond P. Salis, Jr.

**FILED** 

(850) 508-6641 Daytime Phone \*