2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000099181

1. Entity Name
CURBSIDE CAFE, INC.

Principal Place of Business	Mailing Address
409 MARY AVE	409 MARY AVE
NEW SMYRNA BEACH, FL 32168	NEW SMYRNA BEACH, FL 32168

DO NOT WRITE IN THIS SPACE

07022005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3749524	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RALEY, KAREN
2924 NORDMAN AVE
NEW SMYRNA BEACH, FL 32168

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00 **Due by September 7, 2005**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	RALEY, KAREN J
STREET ADDRESS	2924 NORDMAN AVENUE
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168

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07/05/05-80013-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Karen Raley_ KAREN RALEY   July 2, 05   386 409 0933