

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000061381

FILED  
Aug 18, 2005  
Secretary of State

Entity Name: CALISTOGA BAKERY CAFE OF SW FLORIDA, INC.

## Current Principal Place of Business:

7941 AIRPORT PULLING ROAD  
NAPLES, FL 34109

## New Principal Place of Business:

## Current Mailing Address:

7941 AIRPORT PULLING ROAD  
NAPLES, FL 34109

## New Mailing Address:

FEI Number: 41-2046946

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOANE, TROY C PRES  
7941 AIRPORT PULLING ROAD  
NAPLES, FL 34109 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: PRES ( ) Delete  
Name: BOANE, TROY C PRES  
Address: 7941 AIRPORT PULLING ROAD  
City-St-Zip: NAPLES, FL 34109

Title: COO (X) Delete  
Name: BOANE, TROY C COO  
Address: 7941 AIRPORT PULLING ROAD  
City-St-Zip: NAPLES, FL 34109

Title: TRES (X) Delete  
Name: BOANE, TROY C TRES  
Address: 7941 AIRPORT PULLING ROAD  
City-St-Zip: NAPLES, FL 34109

Title: SEC (X) Delete  
Name: YASHINO, DEBORAH SEC  
Address: 7941 AIRPORT PULLING ROAD  
City-St-Zip: NAPLES, FL 34109

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: BOANE, TROY C PRES  
Address: 7941 AIRPORT PULLING RD  
City-St-Zip: NAPLES, FL 34109 US

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

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 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 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: TROY C BOANE

PRES

08/18/2005

Electronic Signature of Signing Officer or Director

Date