2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2007 8:00 am Secretary of State

| DOCUMENT # P02000061381 1. Entity Name CALISTOGA BAKERY CAFE OF SW FLORIDA, INC. | | | | | 04-02-2007 90052 039 ***150.00 | | | | | |
|---|---|--|---|---------------------|--------------------------------|--------------------------|--------------|----------------|-------------------------|-------------------------|
| | | (S) | | | | | | | | |
| Principal Place of Business 7941 AIRPORT PULLING ROAD NAPLES, FL 34109 | | Mailing Address 7941 AIRPORT PULLING ROAD NAPLES, FL 34109 | | . 40 | 104 t 00 | U | | | | |
| 2. Principal P | lace of Business - No P.O. Box # | 3. Mailing Address | 3. Mailing Address | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 03132007 | Chg-P | c | CR2E034 | 4 (12/06) | |
| City & State | | City & State | | | 4. FEI Numbi 41-204 | | | | <u> </u> | plied For Applicable |
| Zip | Country | Zip | Country | | 5. Certificate | of Status Des | ired [| | 8.75 Add ee Required | |
| | 6. Name and Address of Curren ROY C PRES ORT PULLING ROAD FL 34109 | it Registered Agent | St | itreet Address (P | 7. Name and | Gran | سبو | ٧. | Zip Code | 9 |
| the obligati | named entity submits this statement ons of registered agent. Signature, typed or printed name of registered age | | | office or registere | | th, in the State | e of Florida | . I am far | niliar with, | and accept |
| FILI After Ma | E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550 | 9. Election Campaign Trust Fund Contrib | | | 00 May Be d to Fees | | | | | |
| 10. | | D DIRECTORS | 11. | | | CHANGES T | O OFFICER | | | 3 IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES: BOANE, TROY C PRES 7941 AIRPORT PULLING RD NAPLES, FL 34109 | Delete | TITLE NAME STREET ADI CITY-ST-Z | | ind G | dent renaie ra Pul | لنر | 103 F9 I | Ottr ynge | ☐ Addition |
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| THE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET AD CITY-ST-Z | 1 | | | | [| ☐ Change | ☐ Addition |
| indicated of the cor | certify that the information supplied w on this report or supplemental report poration or the receiver or trustee em or on an attachment with an address | t is true and accurate and that my spowered to execute this report as | / signature : | shall have the s | ame legal effec | ct as if made i | under oath: | that I am | n an officer | or director |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Description Phone # | | | | | | | | | | |