2008 FOR PROFIT CORPORATIONANNUAL REPORT

FILED

Mar 07, 2008 08:00 AN Secretary of State

DOCUMENT # P0600015923 1. Entity Name COURTNEY'S ON SANIBEL, INC.					FR	louid	secreta L J Sta	ry u	n Sta	
Principal Place of Business Mailing Address 1231 MIDDLE GULF DRIVE SANIBEL, FL 33957 Mailing Address 1231 MIDDLE GULF DRIVE SANIBEL, FL 33957			DRIVE		. I			11000 +410	(
Principal Place of Business - No P.O. Box # Mailing Address				·						
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			01152008	Chg-P	CR2E034 (1:	2/06)		
City & Stat	e	City & State			4. FEI Number 26-0134	738			lied For Applicable	
Zip	Country	Zip	Countr	У		Status Desired	Fee R	5 Additi equired	ional	
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and A	ddress of New I	Registered Agent			
TONELL, DALE E 1231 MIDDLE GULF DRIVE SANIBEL, FL 33957					idress (P.O. Box Number is Not Acceptable)					
O, WIDEE,					•					
•				City	FL Zip Code					
8. The above the obligat	named entity submits this statement tions of registered agent.	for the purpose of changing i	ts registered	d office or registe	ered agent, or both	in the State of Fl	orida. I am familia	r with, ar	nd accept	
SIGNATURE.		·					,			
	Signature, lyped or printed name of registered ager	and blie if applicable. (NC	OTE: Registered	Agent signature require	ed when reinstating)		DATE			
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Camp Trust Fund Co		,	5.00 May Be Ided to Fees	·••	<u>.</u>	,		
10.	OFFICERS AND	DIRECTORS	11	!	ADDITIONS/C	HANGES TO OF	FICERS AND DIRE	CTORSI	IN 11	
TITLE	PD	☐ Delete	TITLE				☐ C	ange	☐ Addition	
NAME STREET ADDRESS CHY-SI-ZIP	TONELL, DALE E 624 SW 57TH STREET CAPE CORAL, FL 33914		NAME STREET CITY-S	ADDRESS		•				
TRLE	VPD	☐ Delete	HITLE	51*ZIF			orogo Da	2000	☐ Addition	
NAME	TONELL, BETTY L	□ peiste	NAME			000000	850298 ^{11 0} 80055-024	sange	D Account	
STREET ADDRESS	624 SW 57TH STREET		STREET	T ADDRESS	}	J3/21/U8~	80055~024	ibU.	ן נונו	
CITY-SI-ZIP	CAPE CORAL, FL 33914		CHY-S	S1 - ZIP						
NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			a	nange	Addition	
IIILE		☐ Delete	TITLE				□ ci	ange	Addition	
NAME STREET ADDRESS			NAME	I ADDRESS						
CITY-ST-ZIP			CITY-S							
TITLE	,	☐ Delete	TITLE				□ CI	ange	Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP	· • • • • • • • • • • • • • • • • • • •		STREET CITY S	TADDRESS T						
TITLE	tre of one of the	Delete "	TITLE	1 1/2			☐ C/	ange	Addition	
NAME	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NAME		, and a t				}	
	ł.				1			-	٠.	
STREET ADDRESS CHY-ST-ZIP		p 3		ADDRESS	· · · · · · · · · · · · · · · · · · ·					

12. Thereby certify that the information supplied with this liting 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 approvered.

SIGNATURE: 🖳

SET OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

39-945-4165