2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2007 8:00 am Secretary of State

DOCUMENT # P9700078378 1. Entity Name SOUTH OF THE MOUTH CAFE CORPORATION						03-05-2007 90061 029 ***150.00					
Principal Plac	e of Business	Mailing Address	ess			ψυv	, 2000				
708 WEST P. EDGEWATER		P.O. BOX 1143 EDGEWATER, FL 32	2132			1 181 189 17	u kêji jê û ji dê ji dê ki dê k	14 60 111 1 80 2			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01082007		CR2E	E034 (12/06)		
City & State		City & State				FEI Numb			7	oplied For ot Applicable	
Zip	Country	Zip	Zip Coun		5. Certificate of Status Desir			\$8.75 Additional Fee Required			
	6. Name and Address of Curren	t Registered Agent			1	7. Name and	Address of New R	egistere	d Agent		
ATUEADN DONNA M				Name							
ATHEARN, DONNA M 708 WEST PARK AVE. EDGEWATER, FL 32132				Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
				City		FL Zip Code					
	named entity submits this statement	or the purpose of changing	g its register	ed office or	registere	ed agent, or bo	th, in the State of Fic	orida. I ar	n familiar with,	and accept	
the obligation of the obligati)		<u></u>			<u>sal</u>	181	.07		
	Signature, typed or printed name of registered age 5. NOWIII_FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Can	npaign Fina	ncing	\$ 5.	when reinstating) OO May Be		DATE			
10.	OFFICERS AN				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				S IN 11		
TITLE	D	☐ Delete	. πι	1					Change	☐ Addition	
NAME STREET ADDRESS	ATHEARN, DONNA M 684 CORBIN PARK ROAD		NAM STB	AE EET ADORESS							
CITY-ST-ZIP	NEW SMYRNA BEACH, FL. 32	168		f-ST-ZIP							
TITLE	VP	☐ Delete	TITA.	E .		•			Change	Addition	
NAME	ATHEARN, MARLIN		NAN	Æ							
STREET ADDRESS CITY-ST-ZIP	684 CORBIN PARK RD	400		EET ADORES\$ (-ST-ZIP							
	NEW SMYRNA BEACH, FL 32									Addition	
title Name		☐ Delete	TITL NAA						☐ Change	CT ADDITION	
STREET ADDRESS			STR	EET ADDRESS							
CITY-ST-ZIP			CIT	r-ST-ZIP		, <u>,</u>					
TITLE		☐ Delete	TITL						Change	☐ Addition	
NAME STREET ADDRESS			NAN STR	Æ EET ADDRESS							
CITY-ST-ZIP				r-ST-ZIP							
TITLE		☐ Delete	TITL	E		-			☐ Change	Addition	
NAME			NAN	ſ							
STREET ADDRESS	1		STR	EET ADDRESS	ł						

12. I hereby certify that the information supplied with this filing 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 empowered.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME Street address

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

386-428-0838

☐ Change

☐ Addition

Date Daytime Phone