


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 20, 2007 8:00 am
Secretary of State

07-20-2007 90018 026 ***150.00

DOCUMENT # 351470			
1. Entity Name SARASOTA PANCAKE HOUSE INC			
Principal Place of Business 1737 SOUTH TAMAMI TRAIL SARASOTA FL 34239		Mailing Address 2710 TANGLEWOOD DR. SARASOTA FL 34239	
2. Principal Place of Business - No P O Box #		3. Mailing Address 3148-A South Gate Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Sarasota, FL. 34239	
Zip	Country	Zip	Country
4. FEI Number 59-0980246		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



2nd MOORE CR2E034 (4/07)

6. Name and Address of Current Registered Agent GYSLER, DEL 2710 TANGLEWOOD DR SARASOTA FL 34239		7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete NAME GYSLER, YVONNE STREET ADDRESS 2710 TANGLEWOOD CITY-ST-ZIP SARASOTA FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD	<input type="checkbox"/> Delete NAME GYSLER, SCOTT STREET ADDRESS 5590 SHIPS CHANNEL CIRCLE CITY-ST-ZIP SARASOTA FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD	<input type="checkbox"/> Delete NAME GYSLER, DEBORAH STREET ADDRESS 6241 TIMBER LAKE DR., D-6 CITY-ST-ZIP SARASOTA FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD	<input type="checkbox"/> Delete NAME GYSLER, DEL STREET ADDRESS 2710 TANGLEWOOD CITY-ST-ZIP SARASOTA FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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.

SIGNATURE: Del Gyser VPD  **7/17/07 941-953-5383**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #