2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008
Secretary of State

DOCUMENT# 405404

Entity Name: ROBBY'S PANCAKE HOUSE OF TREASURE ISLAND, INC.

Current Principal Place of Business:

10925 GULF BLVD
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

10925 GULF BLVD
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: 59-1409255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOVER, DAVID S
10925 GULF BLVD.
TREASURE ISLAND, FL 33706 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: PD ( ) Delete
Name: COOVER,DAVID S.,
Address: 23 ISLAND DR
City-St-Zip: TREASURE ISLAND, FL

Title: VPD ( ) Delete
Name: COOVER, DAN J
Address: 11700 6TH ST EAST
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VD ( ) Delete
Name: COOVER, SCOTT C
Address: 11450 48 AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: STD ( ) Delete
Name: PLETCHER, GALE
Address: 6001 51ST ST SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 exemption stated 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 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: DAN COOVER VPD 04/04/2008

Electronic Signature of Signing Officer or Director Date