

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 492010



1. Entity Name

CAFE GARDENS, INC.

Principal Place of Business

1643 NW 1ST AVE
P. O. BOX 13151
GAINESVILLE FL 32603
US

Mailing Address

PO BOX 13151
P. O. BOX 13151
GAINESVILLE FL 32604-1151
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1656975**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKINNEY, STEPHEN R.
1643 N.W. 1ST AVE
P. O. BOX 13151
GAINESVILLE FL 32603

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PC	☐ Delete
NAME	MCKINNEY STEPHEN R	
STREET ADDRESS	2218 NW 24TH STREET	
CITY-STATE-ZIP	GAINESVILLE FL 32605	
TITLE	S	☐ Delete
NAME	MCKINNEY, JANE P.	
STREET ADDRESS	2218 NW 24TH STREET	
CITY-STATE-ZIP	GAINESVILLE FL 32605	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	U000000701488	
CITY-STATE-ZIP	04/20/07-80060-008 150.00	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Stephen R. McKinney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07
Date

352 374-2233
Daytime Phone #