

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 530049

1. Entity Name
WINECELLAR RESTAURANT, INC.



Principal Place of Business

17307 GULF BLVD.
N. REDINGTON BEACH, FL 33708 US

Mailing Address

17307 GULF BLVD.
N. REDINGTON BEACH, FL 33708 US



04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1738176

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, THOMAS E ESQ
535 CENTRAL AVENUE
ST. PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SONNENSCHN, THEODOR
STREET ADDRESS	17307 GULF BLVD.
CITY-ST-ZIP	NO. REDINGTON BCH FL,
TITLE	TD
NAME	SONNENSCHN, ELIZABETH
STREET ADDRESS	17307 GULF BLVD.
CITY-ST-ZIP	NO. REDINGTON BCH FL,
TITLE	D
NAME	KLUMPP, KARL
STREET ADDRESS	17307 GULF BLVD.
CITY-ST-ZIP	NO. REDINGTON BCH FL,
TITLE	D
NAME	SCHUCKERT, PETER
STREET ADDRESS	17307 GULF BLVD.
CITY-ST-ZIP	NO REDINGTON BCH, FL
TITLE	D
NAME	SONNENSCHN, KAI
STREET ADDRESS	17307 GULF BLVD.
CITY-ST-ZIP	N. REDINGTON BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/07-80117-011 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-07

727-393-3491