

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H58782

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: THE MANGO TREE RESTAURANT INC.

**Current Principal Place of Business:**

118 NORTH ATLANTIC AVENUE  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

**Current Mailing Address:**

119 N. VICTORY DR  
LYONS, GA 30936

**New Mailing Address:**

FEI Number: 26-2451456

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRICE, ROBERT  
118 N. ATLANTIC AVE  
COCOA BEACH, FL 32931 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: PRICE, ROBERT,  
Address: 118 N ATLANTIC AVE  
City-St-Zip: COCOA BEACH, FL 32931

Title: STD ( ) Delete  
Name: PRICE, BETTY,  
Address: 118 N. ATLANTIC AVE  
City-St-Zip: LYONS, GA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ROBERT PRICE

PRES

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date