

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # L20451

1. Entity Name
COFFEE HUTCH, INC.



Principal Place of Business

860 SE 47TH ST
BOX 441
CAPE CORAL, FL 33910

Mailing Address

860 SE 47TH ST
BOX 100441
CAPE CORAL, FL 33910



02212006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0154745

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SILVA, DAVID L
860 SW 47TH ST.
CAPE CORAL, FL 33904

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	SILVA, ARTHUR K
STREET ADDRESS	4537 SE 6TH COURT
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	PD
NAME	SILVA, DAVID L
STREET ADDRESS	4539 SE 6TH COURT
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	D
NAME	SILVA, ARTHUR
STREET ADDRESS	5218 SW 11TH PLACE
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000509163
04/28/06-80034-007 150.00

**DO NOT WRITE
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: Arthur Silva
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.11.06
Date

Daytime Phone #