

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90027 038 ***150.00

DOCUMENT # L20451

1. Entity Name
COFFEE HUTCH, INC.



Principal Place of Business Mailing Address
860 SE 47TH ST 937 SE 11th Ave 860 SE 47TH ST 937 SE 11th Ave
BOX 441 BOX 100441
CAPE CORAL, FL 33904-33990 CAPE CORAL, FL 33904-33990



02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0154745 Applied For Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: David Silva _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #