


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90453 007 \*\*\*150.00

<b>DOCUMENT # P00000054983</b> 1. Entity Name <b>SECRET GARDEN TEA ROOM CAFE, INC.</b>																													
Principal Place of Business <b>10095 BEACH BLVD 600 JACKSONVILLE, FL 32246</b>			Mailing Address <b>10095 BEACH BLVD 600 JACKSONVILLE, FL 32246</b>																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country																											
6. Name and Address of Current Registered Agent  <b>WILLIAMS, MICHAEL 5603 LUELLA ST. JACKSONVILLE, FL 32207</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																											
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01162007    Chg-P    CR2E034 (12/06)

4. FEI Number      Applied For  
**59-3650026**      Not Applicable

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

**SIGNATURE: Michael A. Williams**      **4/27/07**      **904-645-0859**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

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.