

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P01000105181

1. Entity Name  
STAN'S IDLE HOUR RESTAURANT, INC.



Principal Place of Business  
221 WEST GOODLAND DRIVE  
MARCO ISLAND, FL 33140

Mailing Address  
221 WEST GOODLAND DRIVE  
MARCO ISLAND, FL 33140



03202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2713106

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GOBER, STANLEY R  
221 WEST GOODLAND DRIVE  
MARCO ISLAND, FL 33140

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

**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 D  
NAME GOBER, STANLEY R  
STREET ADDRESS 221 WEST GOODLAND DRIVE  
CITY-ST-ZIP GOODLAND, FL 33140

TITLE D  
NAME GOBER, RUSS  
STREET ADDRESS 221 WEST GOODLAND DRIVE  
CITY-ST-ZIP GOODLAND, FL 33140

TITLE D  
NAME GOBER, STEPHEN R  
STREET ADDRESS 221 WEST GOODLAND DRIVE  
CITY-ST-ZIP GOODLAND, FL 33140

TITLE D  
NAME GOBER, JAY C  
STREET ADDRESS 221 WEST GOODLAND DRIVE  
CITY-ST-ZIP GOODLAND, FL 33140

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Stan, Gober  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

U00000689430  
04/11/07-80038-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

3/30/07