2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000105181

Title:

Name:

Address:

City-St-Zip:

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

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
221 WEST GOODLAND DRIVE MARCO ISLAND, FL 33140				221 WEST GOODLAND DRIVE GOODLAND, FL 33140	
Current M	lailing Addre	ss:	New Mailing Add	New Mailing Address:	
221 WEST GOODLAND DRIVE MARCO ISLAND, FL 33140				221 WEST GOODLAND DRIVE GOODLAND, FL 33140	
FEI Number:	: 59-2713106	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Addres	Name and Address of New Registered Agent:	
GOBER, STANLEY R 221 WEST GOODLAND DRIVE MARCO ISLAND, FL 33140 US			221 WEST GOOD	GOBER, STANLEY R 221 WEST GOODLAND DRIVE GOODLAND, FL 33140 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE:				03/24/2009	
Electronic Signature of Registered Agent			ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	GOBER, STAN	ODLAND DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GOBER, RUSS	ODLAND DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GOBER, STEP	ODLAND DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: STANLEY R GOBER P/D 03/24/2009

() Delete

221 WEST GOODLAND DRIVE

GOODLAND, FL 34140

GOBER, JAY C

() Change () Addition