

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90095 015 \*\*\*158.75

**DOCUMENT # P02000017206**

1. Entity Name  
PLANTATION DINER, INC.



Principal Place of Business

6701 CYPRESS ROAD *20711 ANCHOR DRIVE*  
~~#314~~ *ESTERO, FLA*  
PLANTATION, FL 33317 *33928*

Mailing Address

6701 CYPRESS ROAD *20711 ANCHOR DRIVE*  
~~#314~~ *ESTERO, FLA 33928*  
PLANTATION, FL 33317

40073286



03132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0994861	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

DIMOLFETTA, JERRY  
6701 CYPRESS RD *20711 ANCHOR DRIVE*  
~~#314~~ *ESTERO, FL. 33928*  
PLANTATION, FL 33317

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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 *Jerry Dimolfetta, Pres.* *Jerry Dimolfetta* *4/13/07*  
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, 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 PRES  
NAME DIMOLFETTA, JERRY  
STREET ADDRESS ~~6701 CYPRESS RD, #314~~ *20711 ANCHOR DRIVE*  
CITY-ST-ZIP PLANTATION, FL 33317 *ESTERO, FL 33928*

TITLE VP  
NAME DIMOLFETTA, INGRID  
STREET ADDRESS ~~6701 CYPRESS RD, #314~~ *20711 ANCHOR DRIVE*  
CITY-ST-ZIP PLANTATION, FL 33317 *ESTERO, FL 33928*

TITLE  
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CITY-ST-ZIP

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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: *Jerry Dimolfetta* *JERRY DIMOLFETTA* *4/13/07* *954-258-6609*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #