2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000047050

1. Entity Name
LONGPOINT CAFE, INC.

Principal Place of Business	Mailing Address
100B LONGPOINT RD MELBOURNE BEACH, FL 32951	100B LONGPOINT RD MELBOURNE BEACH, FL 32951

DO NOT WRITE IN THIS SPACE

66013891

04252008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
02-0589917	Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, J PATRICK
930 S HARBOR CITY BLVD STE 505
MELBOURNE, FL 32901

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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_____

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, 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	D
NAME	GEBELEIN, DALE
STREET ADDRESS	7785 A1A
CITY-ST-ZIP	S MELBOUNRE BEACH, FL 32951
TITLE	T
NAME	GEBELEIN, TROY M
STREET ADDRESS	146 AMBER PL
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: _Michelle E Gebelein_   6/6/08   321-984-4131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #