## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED**

850-654-6060 850-622-9152

Daytime Phone #

Date

## Apr 13, 2005 8:00 am Secretary of State 04-13-2005 90111 001 \*\*\*450.00

**DOCUMENT # P02000059931** WHEAT BERRIES ARTISAN BISTRO, INC. £6009752 Mailing Address Principal Place of Business -2004 CRYSTAL LAKE UR 2004 CRYSTAL LAKE DR DESTIN, FL 32541 36178 Emerald Coast Ptus DESTIN, FL 32541 Destination of Property 12. Principal Place of Business Mailing Address 36178 Emerald Coast Pkwy 36178 Emerald Coast Pkwy Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01062005 Chg-P City & State 4. FÉI Number Applied For Destin, fl 04-3677619 Destin, FL Not Applicable Country U.S.A. Zip 32541 \$8.75 Additional 32541 5. Certificate of Status Desired U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLUE ROB JR Street Address (P.O. Box Number is Not Acceptable) 221 MCKENZIE AVE PANAMA CITY, FL 32401 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. D TITLE n Delete TITLE X Shange Addition 2004 CRYSTAL LAKE DR SE CAYMAN SHOOP, CHRISTINE C NAME Shoop, Christine C. NAME STREET ADDRESS STREET ADDRESS 36178 Emerald Coast Pkwy Destin, FL 32541 CITY-ST-ZIP **DESTIN, FL 32541** CITY-ST-7tP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TETLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET SORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify or the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental peport is true and accurate and their 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 frustee employeed to execute this rely 1.23-retruined 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 employeed.

Director

SIGNING OFFICER OR DIRECTOR

SIGNATURE: