

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90111 001 \*\*\*450.00

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01062005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P02000059931</b> 1. Entity Name <b>WHEAT BERRIES ARTISAN BISTRO, INC.</b>																							
Principal Place of Business <del>2004 CRYSTAL LAKE DR</del> <del>DESTIN, FL 32541</del> <b>36178 Emerald Coast Pkwy</b> <b>DESTIN, FL 32541</b>			Mailing Address <del>2004 CRYSTAL LAKE DR</del> <del>DESTIN, FL 32541</del> <b>36178 Emerald Coast Pkwy</b> <b>DESTIN, FL 32541</b>																				
2. Principal Place of Business <b>36178 Emerald Coast Pkwy</b> Suite, Apt. #, etc.		3. Mailing Address <b>36178 Emerald Coast Pkwy</b> Suite, Apt. #, etc.																					
City & State <b>Destin, FL</b>		City & State <b>Destin, FL</b>		4. FEI Number <b>04-3677619</b>																			
Zip <b>32541</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																			
6. Name and Address of Current Registered Agent  <b>BLUE, ROB JR</b> <b>221 MCKENZIE AVE</b> <b>PANAMA CITY, FL 32401</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE D</td> <td style="width:70%;">NAME SHOOP, CHRISTINE C</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>2004 CRYSTAL LAKE DR <b>56 CAYMAN</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DESTIN, FL 32541 <b>BLUE</b></td> <td></td> </tr> </table>			TITLE D	NAME SHOOP, CHRISTINE C	<input type="checkbox"/> Delete	STREET ADDRESS	2004 CRYSTAL LAKE DR <b>56 CAYMAN</b>		CITY-ST-ZIP	DESTIN, FL 32541 <b>BLUE</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE D</td> <td style="width:70%;">NAME Shoop, Christine C.</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>36178 Emerald Coast Pkwy</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Destin, FL 32541</td> <td></td> </tr> </table>			TITLE D	NAME Shoop, Christine C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	36178 Emerald Coast Pkwy		CITY-ST-ZIP	Destin, FL 32541	
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PLEASE SIGN & DATE

**850-654-6066**  
**850-622-9152**