2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State
04-07-2008 90051 014 ***150.00

DOCUMENT # P02000061381

1. Entity Name
CALISTOGA BAKERY CAFE OF SW FLORIDA, INC.

Principal Place of Business	Mailing Address
7941 AIRPORT PULLING ROAD NAPLES, FL 34109	7941 AIRPORT PULLING ROAD NAPLES, FL 34109

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03142008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	11411 Park Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Anchorage, KY
Zip / Country	Zip: 40223 / Country: USA

4. FEI Number: 41-2046946 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRANNIE, ANDREW
7941 AIRPORT PULLING ROAD
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name: Bates, Mark C.
Street Address (P.O. Box Number is Not Acceptable): 1613 CHINABERRY WAY
City: NAPLES FL Zip Code: 34105

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: Mark C Bates DATE: 3-20-08

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	~~PSTD~~ ☐ Delete	TITLE	MgmR ☐ Change ☐ Addition
NAME	BATES, MARK C	NAME	MARK BATES
STREET ADDRESS	7941 AIRPORT PULLING ROAD	STREET ADDRESS	1613 Chinaberry Way
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP	NAPLES, FL 34105
TITLE	☐ Delete	TITLE	MgmR ☐ Change ☐ Addition
NAME		NAME	John Schaatter
STREET ADDRESS		STREET ADDRESS	11411 Park Road
CITY-ST-ZIP		CITY-ST-ZIP	Anchorage, KY 40223
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Mark Bates MARK BATES 3-20-08 (239) 438-5894

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