2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000061381

FILED Apr 01, 2009 Secretary of State

Entity Nar	ne: CALISTO	GA BAKERY CAFE OF SW FL	LORIDA, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:		
7941 AIRP NAPLES, F	ORT PULLING FL 34109	ROAD				
Current Mailing Address:			New Mailing Address:	New Mailing Address:		
11411 PAF LOUISVILL	RK RD. .E, KY 40223					
FEI Number:	41-2046946	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:		
BATES, MA 1613 CHIN NAPLES, F	ABERRY WAY					
	named entity s of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,		
SIGNATUF	RE:					
	Electron	ic Signature of Registered Age	ent	Date		
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name:	PSTD () BATES, MARK	Delete C	Title: MGR (. Name: SCHNATTER,	X) Change ()Addition JOHN		

7941 AIRPORT PULLING ROAD Address: 1904 STONEGATE RD Address: City-St-Zip: NAPLES, FL 34109 City-St-Zip: ANCHORAGE, KY 40223

Title: MGMR () Delete Title: MGR (X) Change () Addition BATES, MARK Name: BATES, MARK Name:

Address: 1613 CHINABERRY WAY Address: 1613 CHINABERRY WAY NAPLES, FL 34105 NAPLES, FL 34105 City-St-Zip: City-St-Zip:

Title: CFO () Change (X) Addition Title: () Delete

Name: Name: TUCKER, LANCE CFO Address: Address: 12919 DEERCROSS DRIVE City-St-Zip: City-St-Zip: PROSPECT, KY 40059

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LANCE TUCKER **CFO** 04/01/2009