


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90026 036 ***150.00

DOCUMENT # P02000090879			
1. Entity Name CALYPSO CAFE INC			
Principal Place of Business 904 GAMBLE ST TALLAHASSEE FL 32310		Mailing Address 904 GAMBLE ST TALLAHASSEE FL 32310	
2. Principal Place of Business 904 GAMBLE ST		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TALLAHASSEE FL		City & State	
Zip 32310	Country FLORIDA	Zip	Country
6. Name and Address of Current Registered Agent SERANEAU, PATRICIA 4744 GRENOBLE BLVD TALLAHASSEE FL 32302		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State FL		State FL	
Zip Code		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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE OFFICER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SERANEAU, DEBORAH		NAME	
STREET ADDRESS 61 S. WALDINGER ST.		STREET ADDRESS	
CITY-ST-ZIP VALLEY STREAM NY 11580		CITY-ST-ZIP	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SERANEAU, NIGEL		NAME	
STREET ADDRESS 4741 FLANDERS AVE.		STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32310		CITY-ST-ZIP	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SERANEAU, GAIL		NAME	
STREET ADDRESS 9730 FLATLANDA AVE.		STREET ADDRESS	
CITY-ST-ZIP BROOKLYN NY 11236		CITY-ST-ZIP	
TITLE OFFICER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SERANEAU, MAUREEN		NAME	
STREET ADDRESS 9730 FLATLANDS AVE.		STREET ADDRESS	
CITY-ST-ZIP BROOKLYN NY 11236		CITY-ST-ZIP	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SERANEAU, DION		NAME	
STREET ADDRESS 4741 FLANDERS AVE.		STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32310		CITY-ST-ZIP	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SERANEAU, PATRICIA		NAME	
STREET ADDRESS 4741 FLANDERS AVE.		STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32310		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Patricia Seraneau</u>		Date: <u>4-6-04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <u>850-224-0957</u>	



MOORE CR2E034 (11/03)