

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90152 049 \*\*\*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  
Suite, Apt. #, etc.

3. Mailing Address

904 GAMBLE ST  
Suite, Apt. #, etc.  
1

1st MOORE

CR2E034 (10/05)

City & State

TALLAHASSEE

City & State

TALLAHASSEE

4. FEI Number

59-3475544

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SERANEAU, PATRICIA  
904 GAMBLE ST  
TALLAHASSEE FL 32310

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE O ☐ Delete  
NAME SERANEAU, DEBORAH  
STREET ADDRESS 61 S. WALDINGER ST.  
CITY-ST-ZIP VALLEY STREAM NY 11580

TITLE MGR ☐ Delete  
NAME SERANEAU, NIGEL  
STREET ADDRESS 4741 FLANDERS AVE.  
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE OMGR ☐ Delete  
NAME SERANEAU, GAIL  
STREET ADDRESS 9730 FLATLANDA AVE.  
CITY-ST-ZIP BROOKLYN NY 11236

TITLE O ☐ Delete  
NAME SERANEAU, MAUREEN  
STREET ADDRESS 9730 FLATLANDS AVE.  
CITY-ST-ZIP BROOKLYN NY 11236

TITLE MGR ☐ Delete  
NAME SERANEAU, DION  
STREET ADDRESS 4741 FLANDERS AVE.  
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE MGR ☐ Delete  
NAME SERANEAU, PATRICIA  
STREET ADDRESS 4741 FLANDERS AVE.  
CITY-ST-ZIP TALLAHASSEE FL 32310

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE O ☐ Change ☐ Addition  
NAME DEBORAH SERANEAU  
STREET ADDRESS 1761 S.W 83RD TERRACE  
CITY-ST-ZIP MIRAMAR FL 33025

TITLE MGR ☐ Change ☐ Addition  
NAME SERANEAU NIGEL  
STREET ADDRESS 904 GAMBLE ST  
CITY-ST-ZIP TALL FL 32310

TITLE O MGR ☐ Change ☐ Addition  
NAME GAIL SERANEAU  
STREET ADDRESS 5704 39th ST  
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE O ☐ Change ☐ Addition  
NAME MAUREEN SERANEAU  
STREET ADDRESS 5704 39th ST  
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE MGR ☐ Change ☐ Addition  
NAME SERANEAU DION  
STREET ADDRESS 904 GAMBLE ST  
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE MGR ☐ Change ☐ Addition  
NAME SERANEAU PATRICIA  
STREET ADDRESS 904 GAMBLE ST  
CITY-ST-ZIP TALL FL 32310

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Patricia Seraneau

4-15-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #