2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P03000010161

2184 HWY 90 W

Principal Place of Business

DEFUNIAK SPRINGS, FL 32422-6729

MOM AND DAD'S ITALIAN RESTAURANT OF DFS, INC.



Mailing Address

2184 HWY 90 W

DEFUNIAK SPRINGS, FL 32422-6729

FILED Apr 28, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 01272008

4. FEI Number 55-0818416 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, MARK D 694 BALDWIN AVENUE SUITE 1

DEFUNIAK SPRINGS, FL 32435

DO NOT WRITE IN THIS SPACE

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|---|--|--|------|--------------------------------|---|
| 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, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution. | | | cing | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | P CUNEO, BRENDA C 2184 HIGHWAY 90 WEST DEFUNIAK SPRINGS, FL 32433 | | | | U00000929000 05/21/08-80051-016 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | , |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-7IP | | | | | |

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.