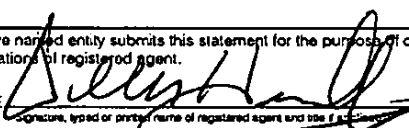
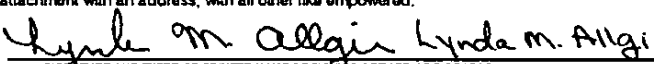


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-03-2005 90032 045 ***150.00

DOCUMENT # P04000035726					
1. Entity Name MINNIE'S BEACH CAFE, INC.					
Principal Place of Business 5360 GULF DR HOLMES BEACH, FL 34217			Mailing Address 5360 GULF DR HOLMES BEACH, FL 34217		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 20-0775884				☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMPTON, JOHN M. 1815 MAIN ST STE 010 SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name: WILLIAM M. HEROLD JR Street Address (P.O. Box Number is Not Acceptable): 5500 MARINA DR STE 1 City: HOLMES BEACH FL Zip Code: 34217	
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 renewing) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ALLGIRE, PAUL		NAME		
STREET ADDRESS	5360 GULF DR		STREET ADDRESS		
CITY- ST- ZIP	HOLMES BEACH, FL 34217		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ALLGIRE, LYNDA		NAME		
STREET ADDRESS	5360 GULF DR		STREET ADDRESS		
CITY- ST- ZIP	HOLMES BEACH, FL 34217		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SMART, KATHY		NAME		
STREET ADDRESS	5360 GULF DR		STREET ADDRESS		
CITY- ST- ZIP	HOLMES BEACH, FL 34217		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DOUB, MARY		NAME		
STREET ADDRESS	5360 GULF DR		STREET ADDRESS		
CITY- ST- ZIP	HOLMES BEACH, FL 34217		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 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:  1-25-05 941-778-4146					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66005194



01142005 Chg-P CR2E034 (10/03)