

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90205 031 \*\*\*158.75

**60030794**



04192006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P04000042459</b> 1. Entity Name <b>FARMHOUSE DINER, INC.</b>					
Principal Place of Business <b>968 REED CANAL RD SOUTH DAYTONA, FL 32119</b>			Mailing Address <b>PO BOX 290324 PORT ORANGE, FL 32129-0324</b>		
2. Principal Place of Business <b>3837 S. NOVA Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 290324</b> Suite, Apt. #, etc.			
City & State <b>PORT ORANGE FL</b> Zip <b>32127</b>		City & State <b>PORT ORANGE, FL</b> Zip <b>32129-0324</b>		4. FEI Number <b>20-0835872</b>	
Country <b>Volusia</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HAMP, SHARON A 968 REED CANAL RD SOUTH DAYTONA, FL 32119</b>				7. Name and Address of New Registered Agent Name <b>SHARON A. HAMP</b> Street Address (P.O. Box Number is Not Acceptable) <b>3837 S. NOVA Rd</b> City <b>PORT ORANGE</b> FL Zip Code <b>32127</b>	
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 <b>Sharon A. Hamp - President</b> DATE <b>4/24/06</b> <small>Signature typed or printed name of registered agent and state, applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAMP, SHARON A. PO BOX 290324 PORT ORANGE, FL 321290324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Same	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAMP, KENT L PO BOX 290324 PORT ORANGE, FL 321290324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Same	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <b>Sharon A. Hamp - President</b>			DATE: <b>4/24/06</b> DAYTIME PHONE: <b>(386) 316-7008</b>		