

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90107 016 \*\*\*150.00

<b>DOCUMENT # P04000161013</b> 1. Entity Name <b>CAFE TO GO RETRO, INC.</b>																																																																																																																	
Principal Place of Business <b>404 10TH STREET SOUTH NAPLES FL 34102</b>				Mailing Address <b>404 10TH STREET SOUTH NAPLES FL 34102</b>																																																																																																													
2. Principal Place of Business <b>404 10th ST SOUTH</b> Suite, Apt. #, etc. <b>NAPLES</b>		3. Mailing Address <b>404 10th ST SOUTH</b> Suite, Apt. #, etc. <b>NAPLES</b>																																																																																																															
City & State <b>FL</b>		City & State <b>NAPLES</b>		4. FEI Number <b>20-1888634</b>																																																																																																													
Zip <b>34102</b>		Country <b>Collier</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent <b>LEONARD, GERMAINE 404 10TH STREET SOUTH NAPLES FL 34102</b>				7. Name and Address of New Registered Agent Name <b>Germaine Leonard</b> Street Address (P.O. Box Number is Not Acceptable) <b>1291 RORDON AVE</b> <b>NAPLES FL 34103</b> City <b>NAPLES</b> <b>FL</b> Zip Code <b>34103</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: <u><i>Germaine T. Leonard</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____																																																																																																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 35%;">         9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees       </div> </div>																																																																																																																	
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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><i>Germaine T. Leonard</i></u> <span style="float: right;">3/24/05 261-7859 (239)</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																	