2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # P05000018103

1. Entity Name
DINE, INC.

Principal Place of Business	Mailing Address
1223 SE 47TH TERRACE #3 CAPE CORAL, FL 33904 US	1223 SE 47TH TERRACE #3 CAPE CORAL, FL 33904 US

DO NOT WRITE IN THIS SPACE

04042007 No Chg-P CR2E034 (11/05)

4. FEI Number
51-0534940

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RAMOS, EDWARD
1223 SE 47TH TERRACE
#3
CAPE CORAL, FL 33904

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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 _____ EDWARD RAMOS 4-4-07
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAMOS, EDWARD
STREET ADDRESS	5358 MAYFAIR COURT
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	VP
NAME	READ, DANIEL
STREET ADDRESS	5352 MAYFAIR COURT
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	S
NAME	RAMOS, NANCY
STREET ADDRESS	5358 MAYFAIR COURT
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	VP
NAME	READ, IRENE
STREET ADDRESS	5352 MAYFAIR COURT
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	RAMOS, EDWARD
STREET ADDRESS	5358 MAYFAIR COURT
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	D
NAME	READ, DAN
STREET ADDRESS	5352 MAYFAIR COURT
CITY-ST-ZIP	CAPE CORAL, FL 33904

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04/16/07-80030-023 150.00

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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: _____ 4-4-07 239-540-3566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #