

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000018103 1. Entity Name DINE, INC.		
Principal Place of Business 1223 SE 47TH TERRACE #3 CAPE CORAL, FL 33904 US	Mailing Address 1223 SE 47TH TERRACE #3 CAPE CORAL, FL 33904 US	



03252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0534940	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 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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04/10/08-80033-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/08 239-633-7254
Date Daytime Phone #