

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2007 08:00 AM  
Secretary of State

DOCUMENT # P05000032868

1. Entity Name  
EXODUS COFFEE & CULTURE, INC.



Principal Place of Business  
1312 SW KNOLLWOOD DRIVE  
PALM CITY, FL 34990

Mailing Address  
1312 SW KNOLLWOOD DRIVE  
PALM CITY, FL 34990



03042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2450611	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

VONOHLEN, DARCY F.  
1312 SW KNOLLWOOD DRIVE  
PALM CITY, FL 34990

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 DARCY Von Ohlen Darcy Von Ohlen President April 26, 2007  
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 PT  
NAME VONOHLEN, DARCY F  
STREET ADDRESS 1312 SW KNOLLWOOD DRIVE  
CITY-ST-ZIP PALM CITY, FL 34990

TITLE VP/D  
NAME VONOHLEN, ROBERT  
STREET ADDRESS 1312 SW KNOLLWOOD DR  
CITY-ST-ZIP PALM CITY, FL 34990

TITLE ST/D  
NAME VONOHLEN, ROBERT  
STREET ADDRESS 1312 SW KNOLLWOOD DRIVE  
CITY-ST-ZIP PALM CITY, FL 34990

TITLE D  
NAME HOOKS, LINDA F  
STREET ADDRESS 1312 SW KNOLLWOOD DRIVE  
CITY-ST-ZIP PALM CITY, FL 34990

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000744882  
05/16/07-80006-021 150.00

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 all other like empowered.

SIGNATURE: Darcy Von Ohlen Darcy Von Ohlen 4/26/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #