


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90411 027 \*\*\*150.00

<b>DOCUMENT # P05000065386</b>	
1. Entity Name <b>BACK STAGE DINER, INC.</b>	

Principal Place of Business <b>23748 EAST COLONIAL DRIVE CHRISTMAS FL 32709</b>	Mailing Address <b>23748 EAST COLONIAL DRIVE CHRISTMAS FL 32709</b>
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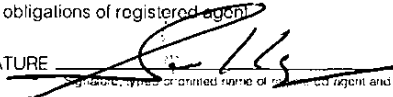


2. Principal Place of Business - No P.O. Box # <b>Building 7H</b>	3. Mailing Address Suite, Apt. #, etc.
<b>R/O - UCF Ferrell Commons</b>	Suite, Apt. #, etc.
City & State <b>Orlando</b>	City & State
Zip <b>32816</b>	Country <b>USA</b>

1st MOORE CR2E034 (10/06)

4. FEI Number <b>59-3808029</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MONACO, DEAN 23748 EAST COLONIAL DRIVE CHRISTMAS FL 32709</b>	
7. Name and Address of New Registered Agent Name <b>SCOTT KAYLOR</b> Street Address (P.O. Box Number is Not Acceptable) <b>Building 7H Rm 101</b> <b>UCF Ferrell Commons</b> City <b>Orlando</b> FL Zip Code <b>32816</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  DATE **4-12-07**

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	D MONACO, DEAN 23748 EAST COLONIAL DRIVE CHRISTMAS FL 32709 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	D KAYLOR, SCOTT P.O. Box 595 CHRISTMAS, FL 32709 <input type="checkbox"/> Change <input checked="" 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
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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:  **Director SCOTT KAYLOR** DATE **4-12-07** **407 823-2000**