2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
2006 SEP 18 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000084111

1. Entity Name
SANTA ROSA CORNER CAFE, INC.

09132006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
90 SPIRES LANE #6B SANTA ROSA BEACH, FL 32459 US	90 SPIRES LANE #6B SANTA ROSA BEACH, FL 32459 US

2. Principal Place of Business	3. Mailing Address
30008 w Hgwy 98	1 Hotz ave #4
Suite, Apt. #, etc.	Suite, Apt. #, etc. #4
City & State: Santa Rosa Bch FL	City & State: Santa Rosa Bch
Zip: 32459 Country: Walton	Zip: 32459 Country: Walton

4. FEI Number 38-3723137 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name: Brad Congleton CPA, Inc
Street Address (P.O. Box Number is Not Acceptable): 30 Uptown Grayton Circle #15
City: Santa Rosa Beach FL Zip Code: 32459

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: Brad Congleton BRADLEY CONGLETON 9/13/06
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
Due by September 15, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIGIACOMO, PAUL J 90 SPIRES LANE #6B SANTA ROSA BEACH, FL 32459	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200080037982 09/21/06--01050--014 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIGIACOMO, BONNIE E 90 SPIRES LANE #6B SANTA ROSA BEACH, FL 32459	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 9/20/06	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: X Paul DiGiacomo 9-13-06 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #