# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Sep 14, 2007**
**Secretary of State**

DOCUMENT# P06000056830

**Entity Name:** CASUAL PATIO OF THE PALM BEACHES, INC.

**Current Principal Place of Business:**

3978 OKEECHOBEE BLVD
W PALM BCH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

3978 OKEECHOBEE BLVD
W PALM BCH, FL 33409

**New Mailing Address:**

**FEI Number: 20-4736806** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RINE, JAMES
3978 OKEECHOBEE BLVD
W PALM BCH, FL 33409 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete
Name: RINE, JAMES
Address: 3978 OKEECHOBEE BLVD
City-St-Zip: W PALM BCH, FL 33409

Title: V ( ) Delete
Name: BANNON, FRANK
Address: 3978 OKEECHOBEE BLVD
City-St-Zip: W PALM BCH, FL 33409

Title: T ( ) Delete
Name: RINE, MELISSA
Address: 3978 OKEECHOBEE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33409

Title: S ( ) Delete
Name: BANNON, KRISTEN
Address: 3978 OKEECHOBEE BLVD.
City-St-Zip: WEST PALM BEACH, FL 33409

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES RINE DP 09/14/2007

Electronic Signature of Signing Officer or Director Date