## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

1. Entity Name HILLTOP CAFE, INC.

DOCUMENT # P06000079618

**FILED** Mar 19, 2008 08:00 A Secretary of State

Principal Place of Business

9233 LITTLE ROAD NEW PORT RICHEY, FL 34652 Mailing Address

9233 LITTLE ROAD

NEW PORT RICHEY, FL 34652

US



## DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 02062008 No Chg-P

4. FEI Number 20-5012624

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIKIS, ANNA 6189 FREEPORT DRIVE SPRING HILL, FL 34608

## DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its registere	ed office or	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE				
Signature, typed or printed name of registered agent ar	d title if applicable (NOTE Registered	Agent signatur	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.0	Election Campaign Finan     Trust Fund Contribution.	cing	<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND D	OFFICERS AND DIRECTORS			
TITLE D  NAME KIKIS, ANNA  STREET ADDRESS 6189 FREEPORT DRIVE CITY-ST-ZIP SPRING HILL, FL 34608	KIKIS, ANNA 6189 FREEPORT DRIVE SPRING HILL, FL 34608  D DIAKAKIS, GEORGE N			U00000863645 04/03/08-80101-001 150.00
NAME DIAKAKIS, GEORGE N STREET ADDRESS 5277 DELTONA BLVD.				04/03/05-80101-001 130.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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 of fustee 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 v

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

3/10/08