

FILED
Mar 10, 2008 8:00 am
Secretary of State

01-30-2008 90025 028 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P07000044569			
1. Entity Name MORNING STAR COFFEE, INC.			
Principal Place of Business 47 Gulf Breeze Parkway Gulf Breeze, FL 32561-7413		Mailing Address 47 Gulf Breeze Parkway Gulf Breeze, FL 32561-7413	
2. Principal Place of Business - No P.O. Box # 47 Gulf Breeze Parkway Suite, Apt. #, etc.		3. Mailing Address 47 Gulf Breeze Parkway Suite, Apt. #, etc.	
City & State Gulf Breeze FL		City & State Gulf Breeze Parkway	
Zip 32561		Zip 32561	
Country		Country	
4. FEI Number 208865283		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROOKS, KENNETH L JR 6839 CAROLINE STREET MILTON, FL 32570		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KIMSEY, ALAN 5607 SANDSTONE DR PACE, FL 32571 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KIMSEY, DIANE 5607 SANDSTONE DR PACE, FL 32571 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KIMSEY, DIANE 47 Gulf Breeze Parkway Gulf Breeze, FL 32561 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: <u>Diane M. Kimsey</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>1/25/08</u> Daytime Phone #	