


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # P92000003974 1. Entity Name ANTONELLI'S DINETTE & PATIO PLUS, INC.	
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Principal Place of Business 804C, W. NEW HAVEN AVE. MELBOURNE, FL 32901-4213	Mailing Address 804C, W. NEW HAVEN AVE. MELBOURNE, FL 32901-4213
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**DO NOT WRITE IN THIS SPACE**



02252008 No Chg-P CR2E034 (11/05)

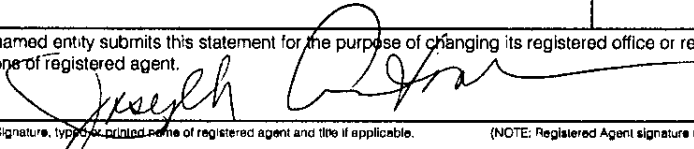
4. FEI Number 59-3147504	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANTONELLI, JOSEPH J  
1209 BAY DR EAST  
INDIAN HARBOUR BCH  
PALM BAY, FL 32937

**DO NOT WRITE  
IN THIS SPACE**

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: 4-14-08

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

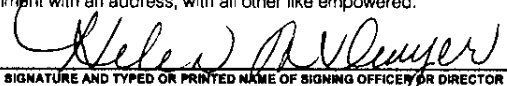
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000903600  
04/30/08-80053-009 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANTONELLI, JOSEPH J JR. 1209 BAY DR EAST INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DWYER, HELEN M 1249 CROFTWOOD DR MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANTONELLI, SUSAN 1209 BAY DR., E INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  DATE: 4-14-08 321-729-9005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #