

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000003974

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: ANTONELLI'S DINETTE & PATIO PLUS, INC.

## Current Principal Place of Business:

804C, W. NEW HAVEN AVE.  
MELBOURNE, FL 329014213

## New Principal Place of Business:

804C, W. NEW HAVEN AVE.  
MELBOURNE, FL 329014213 US

## Current Mailing Address:

804C, W. NEW HAVEN AVE.  
MELBOURNE, FL 329014213

## New Mailing Address:

804C, W. NEW HAVEN AVE.  
MELBOURNE, FL 329014213 US

FEI Number: 59-3147504

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

ANTONELLI, JOSEPH J  
1209 BAY DR EAST  
INDIAN HARBOUR BEACH, FL 32937 US

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: JOSEPH J. ANTONELLI, JR.

04/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ANTONELLI, JOSEPH J JR.  
Address: 1209 BAY DR EAST  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: V ( ) Delete  
Name: DWYER, HELEN M  
Address: 1249 CROFTWOOD DR  
City-St-Zip: MELBOURNE, FL 32935

Title: S ( ) Delete  
Name: ANTONELLI, SUSAN  
Address: 1209 BAY DR., E  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition  
Name: ANTONELLI, SUSAN L  
Address: 1209 BAY DR., E  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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: HELEN M. DWYER

VP

04/06/2009

Electronic Signature of Signing Officer or Director

Date