

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90026 035 ***158.75

DOCUMENT # P94000069721

1. Entity Name
DUNES CRACKER HOUSE, INC.



Principal Place of Business
641 A1A SOUTH BEACH BLVD.
SAINT AUGUSTINE, FL 32080 US

Mailing Address
641 A1A SOUTH BEACH BLVD.
SAINT AUGUSTINE, FL 32080 US

50058866



05112005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
DUNES CRACKER HOUSE
Suite, Apt. #, etc.
St. A
City & State
St. Augustine FL
Zip
32080
Country
St. A
3. Mailing Address
641 A1A SOUTH BEACH BLVD
Suite, Apt. #, etc.
St. A
City & State
St. Augustine FL
Zip
32080
Country
St. A

4. FEI Number
59-3368311
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
ALEXANDER, STEPHEN J
19 OLD MISSION AVE
ST. AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent
Name
ST. AUGUSTINE
Street Address (P.O. Box Number is Not Acceptable)
19 Old Mission St
City
St. Augustine FL
Zip Code
32084

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS VAHEY, KEVIN 40 JESSICA LYNF PL ST. AUGUSTINE, FL 32880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT VAHEY, JOANN 40 JESSICA LYND PL ST. AUGUSTINE, FL 32880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] 7-25-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #