

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 28, 2007 8:00 am
Secretary of State

08-28-2007 90023 034 ***163.75

DOCUMENT # **P94000069721**

1. Entity Name

DUNKS CRACKER HOUSE, INC.
DUNES CRACKER HOUSE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

DUNKS CRACKER HOUSE
6411A SOUTH RIVERDALE

3. Mailing Address

6411A SOUTH RIVERDALE
ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

Zip

32080

Country

ST. JOHN

Zip

32080

Country

ST. JOHN

4. FEL Number

59-3368311

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

STEFAN ALIXANDER

Street Address (P.O. Box Number is Not Acceptable)

19 OLD MISCAN AVE

City

ST. AUGUSTINE

FL

Zip Code

32080

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

☒

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
KRISTIN VALLI, PRESIDENT
40 ST. AUGUSTINE
ST. AUGUSTINE, FL 32080

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JULIA VALLI, VICE PRES
40 ST. AUGUSTINE
ST. AUGUSTINE, FL 32080

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-20-2007

Date

Daytime Phone #

ATTACHMENT
40130517

DIVISION OF
CORPORATION PLANS
NOTE: THIS IS THE
SECOND TIME I
SENT THIS IN.

YOU STILL HAVE
NOT THE FIRST
CHANCE

THANK YOU

My Way
Kevin O'Hara