

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000068819	
1. Entity Name HANEY'S CAFE, INC.	

Principal Place of Business 5900 BONITA BEACH RD SW SUITE 1101 BONITA SPRINGS, FL 34134 US	Mailing Address PO BOX 548 BONITA SPRINGS, FL 34133 US
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DO NOT WRITE IN THIS SPACE



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0609065	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HANEY, VERNON D
27419 POLLARD DR.
BONITA SPRINGS, FL 34135**

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000251986 03/05/05-80008-022 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HANEY, VERNON D 27419 POLLARD DR. BONITA SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HANEY, JANE E 27419 POLLARD DR. BONITA SPRINGS, FL
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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 of 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 once attachment with an address, with all other like empowered.

SIGNATURE: Jane E. Haney 3-205 239-498-2777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #