2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 08, 2008 08:00 AN Secretary of State

	ANNUAL REPORT	
DOCUMEN.	T # P95000096347	

1. Entity Name

YELLOW DOG CAFE, INC.



Principal Place of Business

905 US HWY 1 MALABAR, FL 32950 Mailing Address

905 US HWY 1 MALABAR, FL 32950



DO NOT WRITE IN THIS SPACE

01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3350204

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BORTON, STUART J 905 U.S. HWY. ONE MALABAR, FL 32950

SIGNATURE

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	Signature, typed or printed name of registered agent and title	ıl applicable (NOTE: Register	ed Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
NAME STREET ADDRESS CITY-ST-ZIP	D BORTON, STUART J 141 RIVERVIEW DRIVE MALABAR, FL 32950	·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINIO-BORTON, NANCY MARIE 141 RIVERVIEW DRIVE MALABAR, FL 32950				000000820034 02/18/08-80012-016 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·	
TITLE NAME STREET ADDRESS CITY: ST-ZIP						

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes | 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR