2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # P96000050041

1. Entity Name
SHELLY'S DINER, INC.

Principal Place of Business	Mailing Address
15845 S.W. WARFIELD INDIANTOWN, FL 34956	P.O. BOX 584 INDIANTOWN, FL 34956

01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0677364
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DRISKILL, DEANNE
7300 SPRINGHAVEN ESTATES
P.O. BOX 510
INDIANTOWN, FL 34956

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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: Deanne Driskell 4/2/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TRUMBETAS, MARK
STREET ADDRESS	7300 SPRINGHAVEN ESTATES, P.O. BOX 510
CITY-ST-ZIP	INDIANTOWN, FL 34956
TITLE	D
NAME	DRISKILL, DEANNE
STREET ADDRESS	7300 SPRINGHAVEN ESTATES, P.O. BOX 510
CITY-ST-ZIP	INDIANTOWN, FL 34956
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/07-80016-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Deanne Driskell 4/2/07 772-260-6807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #