


**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 15845 S.W. WARFIELD INDIANTOWN, FL 34956	Mailing Address P.O. BOX 584 INDIANTOWN, FL 34956



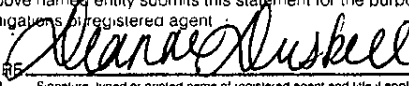
01182007 No Chg-P CR2E034 (11/05)

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4. FEI Number 65-0677364	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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IN THIS SPACE**

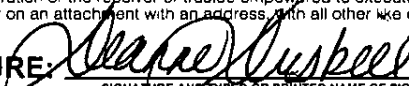
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE <u>4/2/07</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUMBETAS, MARK 7300 SPRINGHAVEN ESTATES, P.O. BOX 510 INDIANTOWN, FL 34956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRISKILL, DEANNE 7300 SPRINGHAVEN ESTATES, P.O. BOX 510 INDIANTOWN, FL 34956
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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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>4/2/07</u> DAYTIME PHONE # <u>727-2606807</u>