

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2008 8:00 am
Secretary of State

06-06-2008 90014 035 ***150.00

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05202008 Chg-P CR2E034 (12/06)

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt # etc		Suite, Apt #, etc			
City & State		City & State		4. FEI Number 65-0677364	
Zip		Country		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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete TRUMBETAS, MARK 7300 SPRINGHAVEN ESTATES, P.O. BOX 510 INDIANTOWN, FL 34956		TITLE <input checked="" type="checkbox"/> NAME STREET ADDRESS CITY - ST - ZIP	Michelle R. Yates <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7350 SW Springhaven Ave. Indiantown FL 34956	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete DRISKILL, DEANNE 7300 SPRINGHAVEN ESTATES, P.O. BOX 510 INDIANTOWN, FL 34956		TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Deanne Driskill</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>5/27/08</u> <u>772 260 6801</u> <small>Date Daytime Phone #</small>		