

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000043525**

1. Entity Name  
**THE DEPOT RESTAURANT & CATERING INC.**



Principal Place of Business

**21 WEST MAIN STREET  
AVON PARK, FL 33825**

Mailing Address

**21 WEST MAIN STREET  
AVON PARK, FL 33825**



02282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0759236**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DEVANY, JOHN F  
21 W MAIN ST  
AVON PARK, FL 33825**

**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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	DEVANY, DARLYNE M
STREET ADDRESS	21 WEST MAIN STREET
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	T
NAME	HILL, APRIL
STREET ADDRESS	21 WEST MAIN STREET
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	VP
NAME	HILL, JOHN
STREET ADDRESS	21 WEST MAIN STREET
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	S
NAME	DEVANY, JOHN F
STREET ADDRESS	21 WEST MAIN STREET
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000891333  
04/23/08-80020-016-150.00

**DO NOT WRITE  
IN THIS SPACE**

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-08-08 863-453-5600