

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000079738

FILED
Apr 29, 2009
Secretary of State

Entity Name: DONNIE'S GOLDEN SPOON RESTAURANT, INC.

Current Principal Place of Business:

60 NW 5TH AVENUE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

15058 SWEETGAM ST
DELRAY BEACH, FL 33446

New Mailing Address:

60 NW 5TH AVENUE
DELRAY BEACH, FL 33444

FEI Number: 65-0863133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONNIE DOBSON
15058 SWEETGAM STREET
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVP () Delete
Name: DOBSON, DONNIE
Address: 15058 SWEETGUM STREET
City-St-Zip: DELRAY BEACH, FL 33446

Title: VP () Delete
Name: DOBSON, JEANNETTE
Address: 15058 SWEETGUM ST
City-St-Zip: DELRAY BEACH, FL 33446

Title: S () Delete
Name: DOBSON, JEANNETTE
Address: 15058 SWEETGUM STREET
City-St-Zip: DELRAY BEACH, FL 33446

Title: T () Delete
Name: DOBSON, DONNIE
Address: 15058 SWEETGUM STREET
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNIE DOBSON

DPVP

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date