
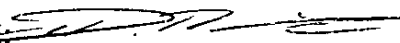


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 OCT -4 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000101107			
1. Entity Name GASTHAUS OF SANIBEL, INC.			
Principal Place of Business MAD HATTER RESTAURANT 6460 SANIBEL-CAPTIVA ROAD SANIBEL, FL 33957		Mailing Address MAD HATTER RESTAURANT PO BOX 314 SANIBEL, FL 33957	
2. Principal Place of Business - No P.O. Box # 1597 Sandcastle Rd.		3. Mailing Address P.O. Box 314	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sanibel, FL		City & State Sanibel, FL	
Zip 33957		Country USA	
4. FEI Number 65-0879220		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 -- DAVIES, LAUREN 1597 SANDCASTLE RD. SANIBEL, FL 33957		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 _____			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIEDENER, DANIEL 6460 SANIBEL-CAPTIVA RD. P. SANIBEL, FL 33957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Riedener, Daniel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 314 Sanibel, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RIEDENER, MARCEL GRANDED ST. 31 FLURLINGEN, SWITZERLAND, 8247 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500110673165 10/11/07--01019--013 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Davies, Lauren 1597 Sandcastle Rd. Sanibel, FL 33957 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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 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 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 		10-1-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	