

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000015298

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Entity Name:** ANGLERS BEACHSIDE CAFE, INC.

**Current Principal Place of Business:**

1030 MIRACLE STRIP PARKWAY EAST  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

1030 MIRACLE STRIP PARKWAY EAST  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

**FEI Number:** 59-3586119      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FOSTER, WILLIAM S  
909 NW MAR WALT DR  
FORT WALTON BEACH, FL 32547      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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MOON, GLENDA  
Address: 1030 MIRACLE STRIP PARKWAY EAST  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VP  
Name: MOON, DAVID R  
Address: 1128 COOL SPRINGS DRIVE  
City-St-Zip: KENNESAW, GA 30144

Title: VP  
Name: MOORE, RONALD E  
Address: 3325 TRICKAM ROAD  
City-St-Zip: MARIETTA, GA 30066

I hereby 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 all other like empowered.

SIGNATURE: DAVID R. MOON

VP

01/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date