2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# S27387

Entity Name: DOLPHIN COVE CAFE, INC.

Current Principal Place of Business:

421 PARK AVE
BOCA GRANDE, FL 33921

New Principal Place of Business:

471 PARK AVE
BOCA GRANDE, FL 33921

Current Mailing Address:

P.O. BOX 888
BOCA GRANDE, FL 33921

New Mailing Address:

FEI Number: 65-0247041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEIMANN, WAYNE K II
36 MEDALIST CIRCLE
ROTONDA, FL 33947 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: P ( ) Delete
Name: CAMP, JULIE
Address: 3500 RENAULT CIRCLE
City-St-Zip: NORTH PORT, FL 34286

Title: VP ( ) Delete
Name: HEIMANN, WAYNE K II
Address: 36 MEDALIST CIRCLE
City-St-Zip: ROTONDA, FL 33947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JULIE A. CAMP P 02/16/2009
Electronic Signature of Signing Officer or Director Date