


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # S92085
 1. Entity Name
DUNE DECK CAFE, INC.



Principal Place of Business Mailing Address
100 NORTH OCEAN BLVD **100 NORTH OCEAN BLVD**
LANTANT, FL 33462 US **LANTANT, FL 33462 US**



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0292502	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
CARUSO, JOHN
6501 EASTPOINTE PINES STREET
PALM BEACH GARDENS, FL 33418

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

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**


DATE
02/20/08-80054-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARUSO, JOHN 6501 EASTPOINTE PINES STREET PALM BEACH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARUSO, SANDRA 6501 EASTPOINTE PINES STREET PALM BEACH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PANAI, CONSTANTINE 7644 CEDAR HURST CT. LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALOMIRIS, JOHN 7630 DOWNWINDS LANE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **02-07-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #