

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V16406

FILED
Mar 11, 2009
Secretary of State

Entity Name: COFFEE CUP RESTAURANT, INC.

Current Principal Place of Business:

4407 HUBERT AVE
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4407 HUBERT AVE
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-3108463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRIZIS, JIMMY
1377 STRATFORD DR
CLEARWATER, FL 34616 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: DP () Delete
Name: DRIZIS, JIMMY
Address: 1377 STRATFORD DR
City-St-Zip: CLEARWATER, FL 34616

Title: VP () Delete
Name: DRIZIS, THEODORA
Address: 4407 HUBERT AVE
City-St-Zip: TAMPA, FL 33614

Title: S () Delete
Name: KUFELDT, STEVEN
Address: 4407 HUBERT AVE
City-St-Zip: TAMPA, FL 33614

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:

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: JIMMY DRIZIS

DP

03/11/2009

Electronic Signature of Signing Officer or Director

Date