

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725804

FILED  
Jan 09, 2008  
Secretary of State

Entity Name: PAPA'S DREAM, INC.

## Current Principal Place of Business:

801 SPRINGWOOD DR  
ORLANDO, FL 32839 US

## New Principal Place of Business:

## Current Mailing Address:

801 SPRINGWOOD DR  
ORLANDO, FL 32839 US

## New Mailing Address:

FEI Number: 23-7378095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOYDSTUN, BRYANT  
2600 NINTH STREET NORTH  
ST. PETERSBURG, FL 33704 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: PD ( ) Delete  
Name: LANGSTON (FRED),  
Address: 801 SPRINGWOOD DRIVE  
City-St-Zip: ORLANDO, FL 32839

Title: VPD ( ) Delete  
Name: LANGSTON, LU  
Address: 801 SPRINGWOOD DRIVE  
City-St-Zip: ORLANDO, FL 32839

Title: SD ( ) Delete  
Name: BOYDSTUN, BRYANT,  
Address: 2600 NINTH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL

Title: D ( ) Delete  
Name: BLOUNT, GARY,  
Address: 1991 WINCHESTER ROAD N  
City-St-Zip: ST. PETERSBURG, FL

## 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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED LANGSTON

PRES

01/09/2008

Electronic Signature of Signing Officer or Director

Date