

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001587

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: THE BREAKFAST CLUB OF CARROLLWOOD, INC.

**Current Principal Place of Business:**

18540 N. DALE MABRY HWY.  
LUTZ, FL 33548

**New Principal Place of Business:**

**Current Mailing Address:**

18540 N. DALE MABRY HWY.  
LUTZ, FL 33548

**New Mailing Address:**

FEI Number: 20-2342933

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RANKIN, DAVID P  
18540 N. DALE MABRY HWY.  
LUTZ, FL 33548 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 ( ) Delete  
Name: CROWN, TOM  
Address: 18540 N. DALE MABRY HWY.  
City-St-Zip: LUTZ, FL 33548

Title: VP ( ) Delete  
Name: DUNNAM, JIM  
Address: 18540 N. DALE MABRY HWY.  
City-St-Zip: LUTZ, FL 33548

Title: T ( ) Delete  
Name: QUIGLEY, ED  
Address: 18540 N. DALE MABRY HWY.  
City-St-Zip: LUTZ, FL 33548

Title: S ( ) Delete  
Name: DECOR, JOYCE  
Address: 18540 N. DALE MABRY HWY.  
City-St-Zip: LUTZ, FL 33548

**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 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: TOM CROWN

P

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date