


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

03-22-2004 90092 002 ***150.00

DOCUMENT # P02000045734

1. Entity Name
THE BREAKFAST PLACE, INC.



Principal Place of Business Mailing Address
789 N BEAL PARKWAY **789 N BEAL PARKWAY**
FT WALTON BEACH FL 32587 **FT WALTON BEACH FL 32587**

60400000



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
47-0856667 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WATERS, SAMUEL
108 NAVAJO TRACE
CRESTVIEW FL 32536

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 SAMUEL WATERS *Samuel Waters* 03/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004, Fee will be \$350.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | WATERS, SAMUEL | |
| STREET ADDRESS | 108 NAVAJO TRACE | |
| CITY-ST-ZIP | CRESTVIEW FL 32536 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | HARLOW, SUN C | |
| STREET ADDRESS | 847 OVERBROOK DR | |
| CITY-ST-ZIP | FT WALTON BEACH FL 32547 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | STRANG, CHONG | |
| STREET ADDRESS | 709 RUSSELL BLVD | |
| CITY-ST-ZIP | FT WALTON BEACH 32 32547 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | CHONG, SOK K | |
| STREET ADDRESS | 637 JERRELLS AVE | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32547 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Samuel Waters 04/02/04 18506894052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #