

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90055 007 ***150.00

DOCUMENT # 817125

1. Entity Name

WAFFLE HOUSE INC



Principal Place of Business

5986 FINANCIAL DRIVE
PO BOX 6450
NORCROSS GA 30091

Mailing Address

5986 FINANCIAL DRIVE
PO BOX 6450
NORCROSS GA 30091



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **58-0652840**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NATIONAL REGISTERED AGENTS, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON FL 33331

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
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	P	<input type="checkbox"/> Delete
NAME	ROGERS, JOE W JR	
STREET ADDRESS	5986 FINANCIAL DR	
CITY ST / ZIP	NORCROSS GA 30071	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOVEY, MARIANNE	
STREET ADDRESS	5986 FINANCIAL DR	
CITY ST / ZIP	NORCROSS GA 30071	
TITLE	S	<input type="checkbox"/> Delete
NAME	WALLER, JONATHAN	
STREET ADDRESS	5986 FINANCIAL DR	
CITY ST / ZIP	NORCROSS GA 30071	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	KNIGHT, J. CRAIG	
STREET ADDRESS	5986 FINANCIAL DR	
CITY ST / ZIP	NORCROSS GA 30071	
TITLE	C	<input type="checkbox"/> Delete
NAME	WILLIAMS, CHRIS	
STREET ADDRESS	5986 FINANCIAL DR	
CITY ST / ZIP	NORCROSS GA 30071	
TITLE	ASC	<input checked="" type="checkbox"/> Delete
NAME	WOOLEY, WARREN	
STREET ADDRESS	5986 FINANCIAL DR	
CITY ST / ZIP	NORCROSS GA 30071	

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	
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 exemptions contained in Section 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:

Marianne Hovey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/07
Date

770-729-5780
Daytime Phone #