

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 857068

1. Entity Name
CREATIVE FOOD 'N FUN COMPANY



Principal Place of Business
7500 GRACE DR
COLUMBIA, MD 21044 US

Mailing Address
C/O MOLLIE K. SPRINKLE
7500 GRACE DRIVE
COLUMBIA, MD 21044 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112006

Chg-P

CR2E034 (11/05)

4. FEI Number

58-1505881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

200067188192
03/07/06--01006--024 **150.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AT ☐ Delete
NAME FILON, ELYSE N
STREET ADDRESS 5400 BROKEN SOUND BLVD., STE 300
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE Director ☐ Change ☒ Addition
NAME Alfred E. Festa
STREET ADDRESS 7500 Grace Drive
CITY-ST-ZIP Columbia, MD 21044

TITLE VAS ☒ Delete
NAME SIEGEL, DAVID
STREET ADDRESS 7500 GRACE DR
CITY-ST-ZIP COLUMBIA, MD 21044

TITLE Officer ☐ Change ☒ Addition
NAME Robert M. Tarola
STREET ADDRESS 7500 Grace Drive
CITY-ST-ZIP Columbia, MD 21044

TITLE VPD ☐ Delete
NAME NAGY, AKOS L
STREET ADDRESS 7500 GRACE DR
CITY-ST-ZIP COLUMBIA, MD 21044

TITLE William C. Dockman / Officer ☒ Addition
NAME William C. Dockman
STREET ADDRESS 7500 Grace Drive
CITY-ST-ZIP Columbia, MD 21044

TITLE AT ☐ Delete
NAME NAKASHIGE, DAVID
STREET ADDRESS 5400 BROKEN SOUND BLVD NW
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE Secretary ☐ Change ☒ Addition
NAME John A. McFarland
STREET ADDRESS 7500 Grace Drive
CITY-ST-ZIP Columbia, MD 21044

TITLE S ☐ Delete
NAME SHELNITZ, MARK A
STREET ADDRESS 7500 GRACE DR
CITY-ST-ZIP COLUMBIA, MD 21044

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
2/22

TITLE PD ☐ Delete
NAME MCGOWAN, W. B
STREET ADDRESS 7500 GRACE DRIVE
CITY-ST-ZIP COLUMBIA, MD 21044

TITLE ☐ Change ☐ 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 Chapter 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: *John A. McFarland*

John A. McFarland, Secretary 2/2/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

410-531

4000