

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F00064

1. Entity Name  
SONNY'S FRANCHISE COMPANY



Principal Place of Business

2605 MAITLAND CENTER PARKWAY  
C  
MAITLAND, FL 32751-7139 US

Mailing Address

2605 MAITLAND CENTER PARKWAY  
C  
MAITLAND, FL 32751-7139 US

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

**6. Name and Address of Current Registered Agent**

ROBERT N YARMUTH  
2605 MAITLAND CENTER PARKWAY  
SUITE C  
MAITLAND, FL 32751

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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE V  
NAME YARMUTH, WILLIAM B  
STREET ADDRESS 4000 WOODSTONE WAY  
CITY-ST-ZIP LOUISVILLE, KY 40241

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE PD  
NAME YARMUTH, ROBERT N  
STREET ADDRESS 801 ELIZABETH DRIVE  
CITY-ST-ZIP WINTER PARK, FL 32789

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE ST  
NAME YARMUTH, JEFFREY T.  
STREET ADDRESS 1537 INDIAN DANCE CT  
CITY-ST-ZIP MAITLAND, FL 32751

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

465 GENIUS DR.  
WINTER PARK, FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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:

JEFFREY YARMUTH

1/19/07 (407)660-8888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED  
Jan 22, 2007 8:00 am  
Secretary of State**

01-22-2007 90112 034 \*\*\*150.00

40004363



01032007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-2033647**  Applied For  
 Not Applicable

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