

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90027 019 ***150.00



DOCUMENT # F47415

1. Entity Name

THE EATERY- SOUP TO NUTS, INC.

Principal Place of Business

% TED E MOORE
381 E BURLINGHAM BLVD
TAVARES FL 32778

Mailing Address

TED MOORE
3684 CACTUS LANE
MOUNT DORA FL 32757



2. Principal Place of Business

3684 Cactus Lane

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

MT. Dora FL

City & State

MT. Dora FL

4. FEI Number

59-2119167

Applied For

Not Applicable

Zip

327-57

Country

Lake

Zip

327-57

Country

Lake

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MOORE, TED E
3684 CACTUS LANE
MT DORA FL 32757

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 VPS ☐ Delete
NAME MOORE, CARLTON R
STREET ADDRESS 3684 CACTUS LANE
CITY-ST-ZIP MT DORA FL 32757

TITLE VP ☐ Delete
NAME MOORE, PHYLLIS J
STREET ADDRESS 3684 CACTUS LANE
CITY-ST-ZIP MT DOVA FL 32757

TITLE P ☐ Delete
NAME MOORE, TED E.
STREET ADDRESS 3684 CACTUS LANE
CITY-ST-ZIP MT DOVA FL 32757

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 exemption stated in Section 19.07(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:

Ted E. Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #