

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 18, 2007 08:00 AM  
Secretary of State

DOCUMENT # G03382

1. Entity Name  
CINNAMON, INC.



Principal Place of Business  
4800 S. ORANGE AVENUE  
ORLANDO, FL 32806

Mailing Address  
4800 S. ORANGE AVENUE  
ORLANDO, FL 32806



01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2225619

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PERROTTE, LOUIS  
6801 TAMARIND CIR.  
ORLANDO, FL 32811

**DO NOT WRITE  
IN THIS SPACE**

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

TITLE PD  
NAME PERROTTE, LOUIS  
STREET ADDRESS 6801 TAMARIND CIR.  
CITY-ST-ZIP ORLANDO, FL

TITLE VD  
NAME PERROTTE, JOHN PAUL  
STREET ADDRESS 6801 TAMARIND CIR.  
CITY-ST-ZIP ORLANDO, FL

TITLE STD  
NAME PERROTTE, MAGDALENE  
STREET ADDRESS 6801 TAMARIND CIR.  
CITY-ST-ZIP ORLANDO, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000530663  
01/18/07-80066-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-07 4078516980