* 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 29, 2006 08:00 AM DOCUMENT # H90639 **Secretary of State** 1. Entity Name TASTE TEMPTER PANCAKE INN. INC. Mailing Address Principal Place of Business 2310 W. MAIN ST LEESBURG FL 34748 2310 W MAIN ST LEESBURG FL 34748 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. ff. etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FE) Number 59-2625517 Not Applicat Ζφ Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name GLOVER, GERALD M. Street Address (P.O. Box Number is Not Acceptable) 2310 W. MAIN ST. LEESBURG FL 34748 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered affice or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, types to printed name of regulateral agent and late if applicable DATE (NOTE: Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to F== Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Add TITLE 🗌 Delcte THLE NAME MAME GLOVER, GERALD M. U00000484020 STREET ADDRESS STREET ADDRESS 2310 W. MAIN ST. 04/12/06-80022-009 150.00 CITY-ST-ZIP CATY-ST-ZIP LEESBURG FL TITLE ☐ Delete ☐ Change □ #4 MANUE GLOVER, SANDRA F. 111411 STREET ADDRESS STREET ADDRESS 2310 W. MAIN ST. CITY-ST-ZIP LEESBURG FL CITY-ST-ZIP ☐ Delete TIFLE ☐ Change 7172.5 MANTE NAME STREET ARDRESS STREET ADDRESS C114-S1-21P CITY-ST-ZIP ☐ Detete TITLE Change ☐ Ac TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change T/a TITLE RULE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TIRCO 🔲 Change \Box \wedge NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information 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 the or the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block for the chapter 607 on an attainment with an addition with all other like empowered.

GERALD M. GLOVER

SIGNATURE:

FILED