## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 06, 2007 08:00 AM DOCUMENT # H99138 Secretary of State 1. Entity Namo CORAM'S STEAK & EGGS, INC. Principal Place of Business Mailing Address 804 S TYNDALL PKWY 804 S TYNDALL PKWY PANAMA CITY FL 32404 PANAMA CITY FL 32404 2. Principal Place of Businoss - No P.O. Box # 3. Mailing Address 8045 Ty WA // Suile, Apt. #, otc Suite, Apt. #, olc. 1st MOORE CR2E034 (10/06) City & Stato 4. FEI Number City & State Applied For 59-2644797 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo PATTERSON, CHRISTOPHER N Street Address (P.O. Box Number is Not Acceptable) 335 MAGNOLIA VE PANAMA CITY FL 32402 City Zip Code 8. The above named ontity 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 whom reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition NAME CORAM, LLOYD W MAME U00000624494 02/14/07-80035-016 158.75 1704 DRAKE STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32405 CITY-ST-7IP CITY-ST-ZIP ☐ Deleie TOTE □ Change Addition CORAM, LINDA B NAME 1704 DRAKE AVE STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32405 CITY-SI-7IP CHY+ST-ZIP ШЕ Delete HILE Addition EUDALEY, KASSIE B NAME NAME 804 TENNESSE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LYNN HAVEN FL 32444 CITY-ST-ZIP ☐ Defete TrTLT Change Addition NAME NAME. STRUET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CITY+SI-7IP HILE TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 eath; 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 - 2 - 0.7 Dayling Phone 1 950