


**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90035 045 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N04000008310</b>			
1. Entity Name <b>THE BREAKFAST CLUB AT LUNCH, INC.</b>			
Principal Place of Business <b>215 S MONROE ST STE 125 TALLAHASSEE, FL 32301</b>		Mailing Address <b>215 S MONROE ST STE 125 TALLAHASSEE, FL 32301</b>	
2. Principal Place of Business		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		7. Name and Address of New Registered Agent	
<b>PENNEKAMP, THOMAS M</b> <b>215 S MONROE ST STE 125</b> <b>TALLAHASSEE, FL 32301</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Thomas Pennekamp</i>		DATE <b>1/13/2005</b>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ADAMS, HOWARD E</b>	NAME	
STREET ADDRESS	<b>215 S MONROE ST STE 200</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32301</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, JENNIFER J</b>	NAME	
STREET ADDRESS	<b>325 W COLLEGE AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32301</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PENNEKAMP, THOMAS M</b>	NAME	
STREET ADDRESS	<b>215 S MONROE ST STE 125</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32301</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: <i>Thomas Pennekamp</i>		DATE <b>1/13/2005</b> 850/425-6710	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66001326



01132005 Chg-NP CR2E037 (10/03)

FEI Number **201578093** Applied For Not Applicable

6. Certificate of Status Desired  \$8.75 Additional Fee Required