
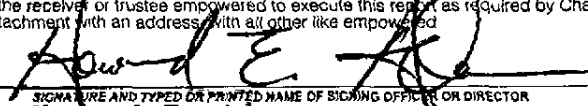


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000008310 <small>1. Entity Name</small> THE BREAKFAST CLUB AT LUNCH, INC.		
<small>Principal Place of Business</small> 215 S MONROE ST STE 125 TALLAHASSEE, FL 32301	<small>Mailing Address</small> 215 S MONROE ST STE 125 TALLAHASSEE, FL 32301	
DO NOT WRITE IN THIS SPACE		
<small>6. Name and Address of Current Registered Agent</small> PENNEKAMP, THOMAS M 215 S MONROE ST STE 125 TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE
<small>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.</small> <small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
Filing Fee is \$61.25 Due by May 1, 2006	<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D ADAMS, HOWARD E 215 S MONROE ST STE 200 TALLAHASSEE, FL 32301	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D GREEN, JENNIFER J 325 W COLLEGE AVE TALLAHASSEE, FL 32301	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	D PENNEKAMP, THOMAS M 215 S MONROE ST STE 125 TALLAHASSEE, FL 32301	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		
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<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		
<small>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 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.</small>		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Howard E. Adams		<small>Date</small> 3/3/06 <small>Daytime Phone #</small> 850-222-3533



03032006 No Chg-NP CR2E037 (11/05)

4. FEI Number
20-1578093 Applied For
Not Applicable

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

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03/16/06-80027-019 61.25

**DO NOT WRITE
IN THIS SPACE**