


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

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

DOCUMENT # N04000008310
1. Entity Name
THE BREAKFAST CLUB AT LUNCH, INC.



Principal Place of Business
**215 S MONROE ST STE 125
TALLAHASSEE, FL 32301**

Mailing Address
**215 S MONROE ST STE 125
TALLAHASSEE, FL 32301**



03032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1578093

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**PENNEKAMP, THOMAS M
215 S MONROE ST STE 125
TALLAHASSEE, FL 32301**

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ADAMS, HOWARD E
STREET ADDRESS	215 S MONROE ST STE 200
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	GREEN, JENNNIFER J
STREET ADDRESS	325 W COLLEGE AVE
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	D
NAME	PENNEKAMP, THOMAS M
STREET ADDRESS	215 S MONROE ST STE 125
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/16/06-80027-019 61.25

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.

SIGNATURE: Howard E. Adams 3/3/06 850-222-3533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Howard E. Adams