

# 2007 FCR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90041 036 \*\*\*150.00

DOCUMENT # P00000004778



1. Entity Name  
FANATICAL FARE, INC.

Principal Place of Business  
178 WARD DRIVE  
WINTER PARK, FL 32789

Mailing Address  
178 WARD DRIVE  
WINTER PARK, FL 32789

40011589



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

601 North New York Ave. P.O. Box 201

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201

01222007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

Applied For

Winter Park FL

Winter Park FL

59-3618523

Not Applicable

Zip

Country

Zip

Country

32789

USA

32790

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SLOAN, J. R.  
601 N NW YORK AVE.  
SUITE 201  
WINTER PARK, FL 32789

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME SLOAN, J. R.  
STREET ADDRESS 178 WARD DRIVE  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GARCIA, MANNY  
STREET ADDRESS 601 N. NEW YORK AVE.  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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

Daytime Phone #

2/7/07