

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90416 034 ***150.00

DOCUMENT # P00000022204

1. Entity Name
CREATIVE BREAKFAST CONCEPTS, INC.



Principal Place of Business
**2740 ENTERPRISE ROAD
ORANGE CITY, FL 32763**

Mailing Address
**2740 ENTERPRISE ROAD
ORANGE CITY, FL 32763**

50013041



2. Principal Place of Business

1401 South Leavitt Ave.
Suite, Apt. #, etc.

3. Mailing Address

1401 South Leavitt Avenue
Suite, Apt. #, etc.

02172006 Chg-P CR2E034 (11/05)

City & State

Orange City FL
Zip Country
32763 U.S.A.

City & State

Orange City FL
Zip Country
32763 U.S.A.

4. FEI Number
59-3631645

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOYLES, WILLIAM A
301 E. PINE ST., STE. 1400
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

William Boyles

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

(NOTE: Registered Agent signature required when reinstating)

4/13/06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SCATCHARD, WILLIAM III**
STREET ADDRESS **207 RIVER VILLAGE DRIVE**
CITY-ST-ZIP **DEBARY, FL 32713**

TITLE **VP** ☐ Delete
NAME **SCATCHARD, MARGARET**
STREET ADDRESS **207 RIVER VILLAGE DRIVE**
CITY-ST-ZIP **DEBARY, FL 32713**

TITLE **S** ☐ Delete
NAME **SCHOFIELD, TERRI L**
STREET ADDRESS **825 ARBORMOOR PLACE**
CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE **T** ☐ Delete
NAME **PREMO, SHIRLEY**
STREET ADDRESS **77 KETLERING ROAD**
CITY-ST-ZIP **DELTONA, FL 32725**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

William Boyles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06

Date

386917-0035

Daytime Phone #