


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90036 036 \*\*\*150.00

<b>DOCUMENT # P00000022204</b> 1. Entity Name CREATIVE BREAKFAST CONCEPTS, INC.	
---	---

Principal Place of Business 1401 S LEAVITT AVE ORANGE CITY, FL 32763	Mailing Address 1401 S LEAVITT AVE ORANGE CITY, FL 32763
--	--

**DO NOT WRITE IN THIS SPACE**

40053739



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3631645	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCATCHARD, III, WILLIAM  
1401 S. LEVITT AVE  
ORANGE CITY, FL 32763

**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.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCATCHARD, WILLIAM III 1401 WYNGATE DRIVE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCATCHARD, MARGARET 1401 WYNGATE DRIVE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHOFIELD, TERRI L 825 ARBORMOOR PLACE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PREMO, SHIRLEY 77 KETLERING ROAD DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 Scatchard III 3/25/08 3869170025  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #