

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000021131

1. Entity Name
R&B COOKIE COMPANY, INC.



Principal Place of Business
**4125 CLEVELAND AVE
110
FT MYERS, FL 33901**

Mailing Address
**4125 CLEVELAND AVE
110
FT MYERS, FL 33901**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1084555

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TOMLINSON, RICHARD
157 SE 4TH TERRACE
CAPE CORAL, FL 33990**

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

**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**

**000000606069
01/30/07-80064-004 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TOMLINSON, RICHARD
STREET ADDRESS	157 SE 4TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	V
NAME	TOMLINSON, BEATRIZ
STREET ADDRESS	157 SE 4TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-07 239-940-1716
Date Daytime Phone #