

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90084 046 ***150.00

DOCUMENT # P01000022257

1. Entity Name
THE CRACKED EGG CAFE, INC.



Principal Place of Business
**30739 OVERSEAS HWY.
BIG PINE KEY, FL 33043**

Mailing Address
**3865 SUNSET DR.
BIG PINE KEY, FL 33043**

40047203



01122006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

29168 Palm Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Big Pine Key, FL

Zip

Country

Zip

Country

33043

USA

4. FEI Number
65-1085456

Applied For
Not Applicable

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

**GOODISKI, HELEN P
3865 SUNSET DR. 29168 Palm Ave
BIG PINE KEY, FL 33043**

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

Helen P. Goodiski

(NOTE: Registered Agent signature required when reinstating)

4/4/06

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **GOODISKI, HELEN P**
CITY-ST-ZIP **3865 SUNSET DRIVE
BIG PINE KEY, FL 33043**

TITLE ☒ Change ☐ Addition
NAME **Helen P. Goodiski**
STREET ADDRESS **29168 Palm Ave**
CITY-ST-ZIP **Big Pine Key, FL 33043-6025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Helen P. Goodiski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/06

Date

305-872-7030

Daytime Phone #