

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90075 005 ***150.00

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1. Entity Name
EUROPEAN FRANCHISE PARTNERS, INC.



Principal Place of Business
3260 UNIVERSITY BLVD., SUITE 210
WINTER PARK, FL 32792

Mailing Address
3260 UNIVERSITY BLVD., SUITE 210
WINTER PARK, FL 32792



02142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3733606

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEEKIN, JAMES F JR.
215 N. EOLA DRIVE
ORLANDO, FL 32801

**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 _____ 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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	MGRM
NAME	HEAVENER, JAMES W
STREET ADDRESS	3260 UNIVERSITY BLVD., SUITE 210
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	MGRM
NAME	HADDOCK, EDWARD E JR
STREET ADDRESS	3260 UNIVERSITY BLVD #210
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	MGRM
NAME	PHELPS, JONATHAN
STREET ADDRESS	3260 UNIVERSITY BLVD., SUITE 210
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	MGRM
NAME	JALBERT, MICHAEL W
STREET ADDRESS	3260 UNIVERSITY BLVD., SUITE 210
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James W. Heavener
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05

Date **Daytime Phone #**