

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000044595

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**

DO NOT WRITE IN THIS SPACE



03132008 No Chg-P CR2E034 (11/05)

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HEAVENER, JAMES W
3260 UNIVERSITY BLVD., SUITE 210
WINTER PARK, FL 32792**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HADDOCK, EDWARD E JR
3260 UNIVERSITY BLVD #210
WINTER PARK, FL 32792**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PHELPS, JONATHAN
3260 UNIVERSITY BLVD., SUITE 210
WINTER PARK, FL 32792**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JALBERT, MICHAEL W
3260 UNIVERSITY BLVD., SUITE 210
WINTER PARK, FL 32792**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000436244
04/22/06-80006-002 150.00

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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

Date

Daytime Phone #

4-1-06