

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000079979

1. Entity Name
ANOTHER BROKEN EGG CAFE OF SANDESTIN, INC.



Principal Place of Business
9100 BAYTOWNE WHARF BLVE
SUITE A-4
SANDESTIN, FL 32550

Mailing Address
525 KIMBERLY ANN DR
MANDEVILLE, LA 70471



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1543892

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, SHARON F
9100 BAYTOWNE WHARF BLVD.
SUITE A-4
SANDESTIN, FL 32550

**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

Sharon F. Green

Sharon F. Green

1/26/05

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent Signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000215644
02/05/05-80017-009 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GREEN, RON E
525 KIMBERLY ANN DR
MANDEVILLE, LA 70471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GREEN, SHARON F
525 KIMBERLY ANN DR
MANDEVILLE, LA 70471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Sharon F. Green

1/26/05