2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000022706

1. Entity Name
COFFEE N' CREAM, INC.

Principal Place of Business	Mailing Address
201 CHOLOKKA BLVD MICANOPY, FL 32667 US	P.O. BOX 354 MICANOPY, FL 32667 US

DO NOT WRITE IN THIS SPACE

01182006   No. Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
05-0560949	Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, CLIFTON
4171 NW 165 ST
REDDICK, FL 32686

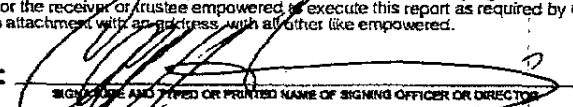### DO NOT WRITE IN THIS SPACE

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	U000000410652 02/08/06--80044-025 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	HARRIS, CLIFTON R
STREET ADDRESS	4171 NW 165 ST
CITY-ST-ZIP	REDDICK, FL 32686
TITLE	D
NAME	HARRIS, KELLY
STREET ADDRESS	4171 NW 165 ST
CITY-ST-ZIP	REDDICK, FL 32686
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	

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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 #