


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-04-2005 90169 014 ***150.00

| | | | | | |
|---|--|---------------------------------|--|---|--|
| DOCUMENT # P03000047923 | | | |  | |
| 1. Entity Name WILLO FAMILY EATERIES, INC. | | | | | |
| Principal Place of Business 7540 NW 29TH STREET MARGATE FL 33063 | | | Mailing Address 7540 NW 29TH STREET MARGATE FL 33063 | | |
| 2. Principal Place of Business SUNRISE BAGEL CAFE | | | 3. Mailing Address 1258Y W. SUNRISE BLVD | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State SUNRISE FL. | | | City & State SUNRISE FL. 33323 | | |
| Zip 33323 | Country USA | Zip 33323 | Country USA | 4. FEI Number 16-1663782 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent IRVING CROWELL, MARGARET 7540 NW 29TH STREET MARGATE FL 33063 | | | 7. Name and Address of New Registered Agent 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 <u>N.A.</u> 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 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D IRVING CROWELL, MARGARET 7540 NW 29TH STREET MARGATE FL 33063 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CROWELL, WILLIAM R 7540 NW 29TH STREET MARGATE FL 33063 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: **Margaret J. B. as President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-05 954-846-1788
Date Daytime Phone #