## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P03000054541**

1. Entity Name

PT. CHARLOTTE PRETZELS, INC.



Principal Place of Business Mailing Address

1441 TAMIAMI TRAIL SPACE 583

PT. CHARLOTTE, FL 33948

5636 EASTWIND DRIVE SARASOTA, FL 34233

## FILED Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90343 016 \*\*\*150.00

400304-



01242006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1192889 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6	Name	and A	Address	of Cur	ment R	eaistere	d Agent	t

DO NOT WRITE IN THIS SPACE

MILONAS, TASO M 1800 SECOND STREET SUITE 884 SARASOTA, FL 34236

## DO NOT WRITE IN THIS SPACE

	.,1					
	named entity submits this statement for the plants of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and acco	∌pt
SIGNATURE_	Signature, typed or printed name of registered agent and title	if anninghia INCIT: Perutheral	Access alconoters	e required when reinstating)	DATE	
	September 19 per or purious representation and the	mappination (NOTE: Negrotation	Agen agreem	a radio ac what (ar box 2)	DATE .	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees				
10.	OFFICERS AND DIREC	CTORS			<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B President EIFFERT, ERIC J 5636 EASTWIND DRIVE SARASOTA, FL 34233					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EIFFERT, ANDREA C 5636 EASTWIND DRIVE SARASOTA, FL 34233					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby o	certify that the information supplied with this f	iting does not qualify for the exe	mptions co	ntained in Chapter 11	9, Florida Statutes. I further certify that the informatio	'n

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: \_

Exic Effect BIGHATURE AND TYPED ON PRINTED N

4-1-06

941-923-5530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #