

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 08, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000082795

1. Entity Name
A BOUNTIFUL BASKET BAKERY & EATERY, INC.



Principal Place of Business
**2510 MICCOSUKEE RD., STE 5
TALLAHASSEE, FL 32308**

Mailing Address
**616 SOUTH RIDE
TALLAHASSEE, FL 32303**



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2104995

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EATON, ROBERT J
616 SOUTH RIDE
TALLAHASSEE, FL 32303**

**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 file 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**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME EATON, JOYCE MICHELLE
STREET ADDRESS 616 SOUTH RIDE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE VD
NAME BROWN WILSON, CHRISTA
STREET ADDRESS 3735 DORSET WAY
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE TD
NAME DELOACH EATON, DEBRA
STREET ADDRESS 616 SOUTH RIDE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE SD
NAME EATON, ROBERT J
STREET ADDRESS 616 SOUTH RIDE
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/05
Date

850-422-1906
Daytime Phone #

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IN THIS SPACE**

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02/08/05-80066-012 150.00