

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 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



03132007 No Chg-P CR2E034 (11/05)

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 title if applicable (NOTE: Registered Agent signature required when renewing) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000723106
05/02/07-80057-020 150.00

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	

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IN THIS SPACE**

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: *Robert J. Eaton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07 850-284-2369
Date Daytime Phone #