

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000088966

1. Entity Name
CONGRESS DONUTS, INC.



FILED
06 AUG 16 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4744 LAKE WORTH ROAD
LAKE WORTH, FL 33463 US

Mailing Address
4744 LAKE WORTH ROAD
LAKE WORTH, FL 33463 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07112006

Chg-P

CR2E034 (11/05)

4. FEI Number
20-0157370

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYON, JAMES
3300 UNIVERSITY DRIVE
STE 802
POMPANO BEACH, FL 33065

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-14-06

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME NARDONE, PATRICIA
STREET ADDRESS 4744 LAKE WORTH ROAD
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 5/9/06 90071 027 \$150.00
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME RODER, JOHN
STREET ADDRESS 4644 LAKE WORTH ROAD
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

Patricia Nardone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Nardone 7-11-06
Date

Date

Daytime Phone #

561-676-5214