

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000098091

1. Entity Name
MY MOM'S CINNAMON ROLLS, INC.



Principal Place of Business
403 N. STELLA
LAKELAND, FL 33801 US

Mailing Address
403 N. STELLA
LAKELAND, FL 33801 US



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1604721

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GLOVER, STANLEY T
403 N. STELLA
LAKELAND, FL 33801

**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 *Stanley T. Glover*
Signature, typed or printed name of registered agent and title if applicable

Stanley T. Glover
(NOTE: Registered Agent signature required when reinstating)

4/19/07
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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GLOVER, STANLEY T
STREET ADDRESS	403 N. STELLA
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	V
NAME	GLOVER, WENDY C
STREET ADDRESS	403 N. STELLA
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	T
NAME	SILAS, HAROLD L
STREET ADDRESS	403 N. STELLA
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	S
NAME	SILAS, VERDELL M
STREET ADDRESS	403 N. STELLA
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Stanley T. Glover
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wendy C. Glover

Date

Daytime Phone #

4/19/07 863-616-1820