


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90001 040 ***150.00

DOCUMENT # P04000066219 1. Entity Name BUBBALOU'S ST. CLOUD, INC.	
---	---

Principal Place of Business 2443 LOT-A-FUN AVENUE WINTER PARK, FL 32789	Mailing Address 2443 LOT-A-FUN AVENUE WINTER PARK, FL 32789
---	---

2. Principal Place of Business 1302 Orange Avenue Suite, Apt. #, etc.	3. Mailing Address 1302 Orange Avenue Suite, Apt. #, etc.
--	--

City & State Winter Park, Florida	City & State Winter Park, Florida
---	---

Zip 32789-4912	Country	Zip 32789-4912	Country
--------------------------	---------	--------------------------	---------

08092005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1018929	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent MEINER, SAM 2443 LOT-A-FUN AVENUE WINTER PARK, FL 32789
--

7. Name and Address of New Registered Agent Name Thomas A. Thomas Street Address (P.O. Box Number is Not Acceptable) 1302 Orange Avenue City Winter Park FL Zip Code 32789

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  **8/23/05**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MEINER, SAM 2443 LOT-A-FUN AVENUE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MEINER, ELEANOR 2443 LOT-A-FUN AVENUE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **8/23/05** **401-599-5900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

50063461

