


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90227 046 ***150.00

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| DOCUMENT # P05000113281 | |  | |
| 1. Entity Name MR. CHEESECAKE, INC. | | | |
| Principal Place of Business 6728 3RD STREET COURT WEST BRADENTON, FL 34207 | | Mailing Address 6728 3RD STREET COURT WEST BRADENTON, FL 34207 | |
| 2. Principal Place of Business 7940 OAK GROVE CIR | | 3. Mailing Address 7940 OAK GROVE CIR | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State SARASOTA FL | | City & State SARASOTA FL | |
| Zip 34243 | | Zip 34243 | |
| Country | | Country | |
| 4. FEI Number 20-3314875 | | 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 DOBBINS, PHYLLIS 6728 3RD STREET COURT WEST BRADENTON, FL 34207 | | 7. Name and Address of New Registered Agent Name DOBBINS, PHYLLIS Street Address (P.O. Box Number is Not Acceptable) 7940 OAK GROVE CIR City SARASOTA FL 34243 | |
| 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 Phyllis Dobbins Phyllis Dobbins 4/6/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P DOBBINS, PHYLLIS 6728 3RD STREET COURT WEST BRADENTON, FL 34207 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P Dobbins, Phyllis 7940 OAK GROVE CIR SARASOTA, FL 34243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP DOBBINS, HOWARD 6728 3RD STREET COURT WEST BRADENTON, FL 34207 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP Dobbins, Howard 7940 OAK GROVE CIR SARASOTA, FL 34243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | 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 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: Phyllis Dobbins Phyllis Dobbins 4/6/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |