

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000142894

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: ELLIE'S BREAKFAST LUNCH, INC.

**Current Principal Place of Business:**

12008 RACETRACK ROAD  
TAMPA, FL 33626 US

**New Principal Place of Business:**

**Current Mailing Address:**

12008 RACETRACK ROAD  
TAMPA, FL 33626 US

**New Mailing Address:**

FEI Number: 20-3711046

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEMAS, MICHAEL T CPA  
209 ALLEN'S RIDGE DR E  
PALM HARBOR, FL 34683 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DEMAS, THOMAS A  
Address: 12008 RACETRACK ROAD  
City-St-Zip: TAMPA, FL 33626 US

Title: VPST ( ) Delete  
Name: DEMAS, ELIZABETH  
Address: 12008 RACETRACK ROAD  
City-St-Zip: TAMPA, FL 33626

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL DEMAS

AGEN

04/30/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date