

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90055 037 ***150.00

DOCUMENT # P06000049420 1. Entity Name TASTINGS FRANCHISE COMPANY, INC.																																																																																																																	
Principal Place of Business 4231 HOLLAND DRIVE ST PETERSBURG BEACH, FL 33706			Mailing Address 4231 HOLLAND DRIVE ST PETERSBURG BEACH, FL 33706																																																																																																														
2. Principal Place of Business - No P.O. Box # 6727 1st Ave S		3. Mailing Address 6727 1st Ave S																																																																																																															
Suite, Apt. #, etc. #106		Suite, Apt. #, etc. #106																																																																																																															
City & State St Petersburg FL		City & State St Petersburg FL																																																																																																															
Zip 33707		Zip 33707																																																																																																															
Country Pinellas		Country Pinellas																																																																																																															
6. Name and Address of Current Registered Agent STERNS, RANDY K 220 SOUTH FRANKLIN STREET TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																														
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: <u>Penny Maso President</u> <u>2/18/08</u> <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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																															
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">PRES</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MASO, PENNY S PRES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4231 HOLLAND DR 3805 Gulf Blvd #208</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST PETE BEACH, FL 33706</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MASO, DAVID A VP</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4231 HOLLAND DR 3805 Gulf Blvd #203</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST PETE BEACH, FL 33706</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SEC</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NEWFIELD, MICHAEL SEC</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4231 HOLLAND DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST PETE BEACH, FL 33706</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PRES	<input type="checkbox"/> Delete	NAME	MASO, PENNY S PRES		STREET ADDRESS	4231 HOLLAND DR 3805 Gulf Blvd #208		CITY-ST-ZIP	ST PETE BEACH, FL 33706		TITLE	VP	<input type="checkbox"/> Delete	NAME	MASO, DAVID A VP		STREET ADDRESS	4231 HOLLAND DR 3805 Gulf Blvd #203		CITY-ST-ZIP	ST PETE BEACH, FL 33706		TITLE	SEC	<input type="checkbox"/> Delete	NAME	NEWFIELD, MICHAEL SEC		STREET ADDRESS	4231 HOLLAND DR		CITY-ST-ZIP	ST PETE BEACH, FL 33706		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Penny Maso President</u> <u>2/18/08</u> <u>877-310-2300</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																	