


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	4. FEI Number 20-4703713
Zip 33707	Country Pinellas	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 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 FL Zip Code
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> DATE: <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)</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
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PRES <input type="checkbox"/> Delete	NAME MASO, PENNY S PRES	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4231 HOLLAND DR 3805 Gulf Blvd #208	CITY-ST-ZIP ST PETE BEACH, FL 33706	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP <input type="checkbox"/> Delete	NAME MASO, DAVID A VP	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4231 HOLLAND DR 3805 Gulf Blvd #203	CITY-ST-ZIP ST PETE BEACH, FL 33706	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SEC <input type="checkbox"/> Delete	NAME NEWFIELD, MICHAEL SEC	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4231 HOLLAND DR	CITY-ST-ZIP ST PETE BEACH, FL 33706	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	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: <u>Penny Maso President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2/18/08</u> Daytime Phone #: <u>877-310-2300</u>