

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90022 029 ***150.00

DOCUMENT # P06000058095					
1. Entity Name CREPES & GOODIES INC					
Principal Place of Business 11614 PLANTATION PRESERVE CIRCLE FORT MYERS, FL 33912			Mailing Address 11614 PLANTATION PRESERVE CIRCLE FORT MYERS, FL 33912		
2. Principal Place of Business - No P.O. Box # 3509 9th St SW Suite, Apt. #, etc.		3. Mailing Address 3509 9th St SW Suite, Apt. #, etc.			
City & State Lehigh Acre FL		City & State Lehigh Acre FL		4. FEI Number 20-4772428	
Zip 33971		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPO, DIANA 11614 PLANTATION PRESERVE CIRCLE FORT MYERS, FL 33912			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3509 9th Street SW City Lehigh Acre FL Zip Code 33971		
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: Diana Campo - President 07/16/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME CAMPO, DIANA STREET ADDRESS 11614 PLANTATION PRESERVE CIRCLE CITY-ST-ZIP FORT MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 3509 9th Street SW CITY-ST-ZIP Lehigh Acre, FL 33971	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME LAGO, RAFAEL STREET ADDRESS 11614 PLANTATION PRESERVE CIRCLE CITY-ST-ZIP FORT MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 3509 9th Street SW CITY-ST-ZIP Lehigh Acre, FL 33971	<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	
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	
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	
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:			07/16/07 (239) 425-7789		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		