

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000075688

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: FRESH CONCEPTS BUSINESS MANAGEMENT, INC.

## Current Principal Place of Business:

5010 WEST CARMEN STREET  
SUITE 2320  
TAMPA, FL 33609 US

## New Principal Place of Business:

5010 WEST CARMEN STREET  
SUITE 2380  
TAMPA, FL 33609 US

## Current Mailing Address:

5010 WEST CARMEN STREET  
SUITE 2320  
TAMPA, FL 33609 US

## New Mailing Address:

5010 WEST CARMEN STREET  
SUITE 2380  
TAMPA, FL 33609 US

FEI Number: 26-3414865

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAW OFFICE OF FELICIA M. WILLIAMS, P.A.  
8875 HIDDEN RIVER PARKWAY  
SUITE 300  
TAMPA, FL 33637 US

## Name and Address of New Registered Agent:

KNOWLES, LACHAN R PRES  
5010 WEST CARMEN STREER  
2380  
TAMPA, FL 33609 US

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: LACHAN R KNOWLES

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KNOWLES, LACHAN R  
Address: 5010 WEST CARMEN STREET, SUITE 2320  
City-St-Zip: TAMPA, FL 33609 US

Title: VP ( ) Delete  
Name: HARRISON, TINA L  
Address: 5010 WEST CARMEN STREET, SUITE 2320  
City-St-Zip: TAMPA, FL 33609 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KNOWLES, LACHAN R  
Address: 5010 WEST CARMEN STREET, SUITE 2380  
City-St-Zip: TAMPA, FL 33609 US

Title: VP (X) Change ( ) Addition  
Name: KNOWLES, LACHAN R  
Address: 5010 WEST CARMEN STREET, SUITE 2380  
City-St-Zip: TAMPA, FL 33609 US

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: LACHAN R KNOWLES

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date