

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90575 045 \*\*\*150.00

**DOCUMENT # P35986**

1. Entity Name

CFC FRANCHISING COMPANY



Principal Place of Business

3355 MICHELSON DRIVE  
#350  
IRVINE CA 92612  
US

Mailing Address

3355 MICHELSON DRIVE  
#350  
IRVINE CA 92612  
US

2. Principal Place of Business

5780 Fleet St.

3. Mailing Address

5780 Fleet St.

Suite, Apt. #, etc.

#250

Suite, Apt. #, etc.

#250

City & State

Carlsbad CA

City & State

Carlsbad CA

Zip

92008

Country

USA

Zip

92008

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

33-0420186

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVT  
NAME CAMPBELL, JEFFERY J  
STREET ADDRESS 3355 MICHELSON DR., STE 350  
CITY-ST-ZIP IRVINE CA 92612 ☒ Delete

TITLE S  
NAME PICKWELL, TIMOTHY  
STREET ADDRESS 3355 MICHELSON DR. #350  
CITY-ST-ZIP IRVINE CA 92612 ☒ Delete

TITLE D  
NAME SIMON, FREDERICK  
STREET ADDRESS 411 W. PARMAN AVE.  
CITY-ST-ZIP GREENWICH CT 06830 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVT  
NAME Campbell, Jeffrey  
STREET ADDRESS 5780 Fleet St. #250  
CITY-ST-ZIP Carlsbad CA 92008 ☒ Change ☐ Addition

TITLE S  
NAME Pickwell, Timothy  
STREET ADDRESS 5780 Fleet St. #250  
CITY-ST-ZIP Carlsbad CA 92008 ☒ Change ☐ Addition

TITLE D  
NAME Simon, Frederick  
STREET ADDRESS 411 W. PUTNAM AVE.  
CITY-ST-ZIP Greenwich CT 06830 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy Pickwell, Secretary 4/21/04 7604765190

Date

Daytime Phone #