


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000084050

1. Entity Name
EDDY CREEK CAFE, INC.



Principal Place of Business Mailing Address

125 BROAD ST **125 BROAD ST.**
TITUSVILLE, FL 32780 US **TITUSVILLE, FL 32780 US**

DO NOT WRITE IN THIS SPACE



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3214079 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HOFFMAN, EDWARD S
1320 OLD DIXIE HWY.
TITUSVILLE, FL 32796

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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: *Edward S. Hoffman* President/owner DATE: **01/28/05**

Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

1100000233888
 02/17/05-80069-019-150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HOFFMAN, EDWARD S
STREET ADDRESS	1320 OLD DIXIE HWY
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	D
NAME	HOFFMAN, NANCY W
STREET ADDRESS	1320 OLD DIXIE HWY.
CITY-ST-ZIP	TITUSVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 exemption stated in Section 119.07(3)(f), 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: *Edward S. Hoffman* DATE: **01/28/05** (321)267-9902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #