

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000042654

1. Entity Name
GOODBREAKFASTS, INC.



Principal Place of Business
5461 AIRPORT ROAD
NAPLES, FL 34109 US

Mailing Address
5461 AIRPORT ROAD
NAPLES, FL 34109 US

DO NOT WRITE IN THIS SPACE

**FILED
Mar 17, 2004 8:00 am
Secretary of State**

03-17-2004 90035 017 ***150.00

0400704



03082004 No Chg-P CR2E034 (10/03)

| | |
|--|-------------------------------|
| 4. FEI Number 65-0589736 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

EDLUND, ROSS
5461 AIRPORT RD. N.
NAPLES, FL 34109

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------|
| TITLE | D |
| NAME | EDLUND, ROSS |
| STREET ADDRESS | 5461 AIRPORT RD. N. |
| CITY-ST-ZIP | NAPLES, FL 34109 |

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IN THIS SPACE**

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| STREET ADDRESS | |
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| CITY-ST-ZIP | |

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:

3/15/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #