2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000052915

1. Entity Name
BREAKFAST STATION, INC.

Principal Place of Business	Mailing Address
10039 U.S. HIGHWAY 19 PORT RICHEY, FL 34668	10039 U.S. HIGHWAY 19 PORT RICHEY, FL 34668

02152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3452246
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPRINGER, JAMES K
10039 U.S. HIGHWAY 19
PORT RICHEY, FL 34668

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

000000E44254
03/02/07-80039-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	SPRINGER, JAMES K
STREET ADDRESS	10039 U.S. HIGHWAY 19
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	DP
NAME	SPRINGER, SHELBY
STREET ADDRESS	10039 U.S. HIGHWAY 19
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	VP
NAME	SMITH, CASH M.
STREET ADDRESS	10039 U.S. HIGHWAY 19
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	T
NAME	SMITH, CATHY
STREET ADDRESS	10039 U.S. HIGHWAY 19
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: X _____ JAMES SPRINGER X 2-19-07 352-688-4649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #