


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000052915	
1. Entity Name BREAKFAST STATION, INC.	

Principal Place of Business 10039 U.S. HIGHWAY 19 PORT RICHEY, FL 34668	Mailing Address 10039 U.S. HIGHWAY 19 PORT RICHEY, FL 34668
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**DO NOT WRITE IN THIS SPACE**



02112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3452246	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  SPRINGER, JAMES K 10039 U.S. HIGHWAY 19 PORT RICHEY, FL 34668	<b>DO NOT WRITE IN THIS SPACE</b>
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)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000830269 02/26/08-80078-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SPRINGER, JAMES K 10039 U.S. HIGHWAY 19 PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPRINGER, SHELBY 10039 U.S. HIGHWAY 19 PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, CASH M. 10039 U.S. HIGHWAY 19 PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, CATHY 10039 U.S. HIGHWAY 19 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:  JAMES SPRINGER 1-15-08 X 352-688-4649  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #