

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000100111

1. Entity Name
ROAST AND TOAST, INC.



Principal Place of Business
8669 PORTSIDE COURT
ORLANDO, FL 32817

Mailing Address
8669 PORTSIDE COURT
ORLANDO, FL 32817



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3530824

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BURKET, QUAY A
239 SHAPMANS LANE
LAKE MARY, FL 32746

**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

U000000118692
04/19/04-80070-011 8.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DAVIS, ROBERT
STREET ADDRESS 8669 PORTSIDE COURT
CITY-ST-ZIP ORLANDO, FL 32817

TITLE VPD
NAME LECLAIR, MARGARET
STREET ADDRESS 200 ELIZABETH LANE
CITY-ST-ZIP OSTEEN, FL 32764

TITLE TD
NAME BURKET, QUAY A
STREET ADDRESS 239 SHIPMAN LANE
CITY-ST-ZIP LAKE MARY, FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000118692
04/19/04-80070-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone

4-10-04 (407) 823-2683