


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 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
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08292006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3530824	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BURKET, QUAY A 577 SOUTH INDIGO ROAD ALTAMONTE SPRINGS, FL 32714
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>09/07/06-80007-018 150.00</u>

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, ROBERT 8669 PORTSIDE COURT ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LECLAIR, MARGARET 12933 LEXINGTON SUMMIT STREET ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURKET, QUAY A 577 SOUTH INDIGO ROAD ALTAMONTE SPRINGS, FL 32714
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 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: <u>Maggie LeClair</u> (MAGGIE LeCLAIR)	<u>8-28-2006</u>	<u>407-823-1911</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>