

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000100111**

1. Entity Name  
**ROAST AND TOAST, INC.**



Principal Place of Business  
**8669 PORTSIDE COURT  
ORLANDO, FL 32817**

Mailing Address  
**12933 LEXINGTON SUMMIT STREET  
ORLANDO, FL 32828**



03142008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3530824**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BURKET, QUAY A  
577 SOUTH INDIGO ROAD  
ALTAMONTE SPRINGS, FL 32714**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000862607  
01/03/08-80058-006 150.00**

**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	12933 LEXINGTON SUMMIT STREET
CITY-ST-ZIP	ORLANDO, FL 32828
TITLE	TD
NAME	BURKET, QUAY A
STREET ADDRESS	577 SOUTH INDIGO ROAD
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-13-08**

Date

Daytime Phone #