

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # V72880**

1. Entity Name  
**CREATIVE DINING CONCEPTS, INC.**



Principal Place of Business  
**27141 HOMEWOOD DR  
BONITA SPRGS, FL 34135 US**

Mailing Address  
**27141 HOMEWOOD DRIVE  
BONITA SPRINGS, FL 34135 US**



02232006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3148664**

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**

**HERDER, HANS-OTTO  
27141 HOMEWOOD DR.  
BONITA SPRINGS, FL 34135**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **HERDER, HANS-OTTO**  
STREET ADDRESS **27141 HOMEWOOD DR.**  
CITY-STATE-ZIP **BONITA SPRINGS, FL**

TITLE **ST**  
NAME **HERDER, HEIDRUN**  
STREET ADDRESS **27141 HOMEWOOD DR.**  
CITY-STATE-ZIP **BONITA SPRINGS, FL**

TITLE  
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CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

1000000468947  
03/25/06-80009-013 150.00

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: \_\_\_\_\_

**HANS-OTTO HERDER**

**03-14-06 339.947.0615**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #