


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 08:00 AM
Secretary of State

| | | | | | |
|--|----------------------|---------------------------------|--|---|------------------------------|
| DOCUMENT # J76008 | | | |  | |
| 1. Entity Name FLICKERLITE BAR & PIZZA RESTAURANT, INC. | | | | | |
| Principal Place of Business C/O JOAN F. CAPONE 4100 N 35 AVENUE HOLLYWOOD FL 33021 | | | Mailing Address C/O JOAN F. CAPONE 4100 N 35 AVENUE HOLLYWOOD FL 33021 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2841512 | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CAPONE, JOAN F. 4100 N 35 AVENUE HOLLYWOOD FL 33021-8914 | | | | 7. Name and Address of New Registered Agent | |
| Name | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | | | Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$650.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | CAPONE, KARIN | | NAME | | |
| STREET ADDRESS | 1014 N. OCEAN DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | HOLLYWOOD FL | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | CAPONE, RICHARD | | NAME | | |
| STREET ADDRESS | 1014 N. OCEAN DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | HOLLYWOOD FL | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | CAPONE, JOAN F. | | NAME | | |
| STREET ADDRESS | 4100 N. 35TH AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | HOLLYWOOD FL | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | VIVACUE, PATRICIA J. | | NAME | | |
| STREET ADDRESS | 1014 N OCEAN DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | HOLLYWOOD FL | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | CAPONE, JOHN | | NAME | | |
| STREET ADDRESS | 1014 N OCEAN DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | HOLLYWOOD FL | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |



1st MOORE CR2E034 (10/05)

4. FEI Number **59-2841512** Applied For Not Applied

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

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$650.00
Make Check Payable to Florida Department of State

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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Joan F. Capone **Joan F. Capone** **Treasurer** **3/30/2006** **(954) 961-3079**
 _____ **After 2 P.M.**