


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # M92962 1. Entity Name UNCLE FAT'S, INC.		
Principal Place of Business 8745 TEMPLE TERRACE HWY TAMPA FL 33637 US		Mailing Address 6916 LYNWOOD DR TAMPA FL 33637 US
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	4. FEI Number 59-2930805
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
6. Name and Address of Current Registered Agent WAGNER, EUGENE R 6916 LYNWOOD DR TAMPA FL 33637		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
		1st MOORE CR2E034 (10/05)
		\$8.75 Additional Fee Required
		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: <i>Eugene R Wagner</i> EUGENE R WAGNER <small>Signature types or printed name of registered agent and title if applicable</small>		DATE: 2-4-06
NOTE: Registered Agent signature required when (re)stating		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 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 NAME STREET ADDRESS CITY-ST-ZIP	P WAGNER, EUGENE R 6916 LYNWOOD DR TAMPA FL	<input type="checkbox"/> Delete
		<input type="checkbox"/> Change <input type="checkbox"/> Add
		1100000426780 02/20/06-80057-016 150.00
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: <i>Eugene R Wagner</i> EUGENE R WAGNER		Date: 2-4-06 813 988 249
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>