


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P04000164471

1. Entity Name
GREAT IRISH PUBS FLORIDA, INC.



Principal Place of Business C/O THOMAS, BECK, ZURCHER & WHITE, P.A. 1302 ORANGE AVE. WINTER PARK, FL 32789	Mailing Address C/O THOMAS, BECK, ZURCHER & WHITE, P.A. 1302 ORANGE AVE. WINTER PARK, FL 32789
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03222006 No Chg-P CR2E034 (11/05)

4. FEI Number 83-0414942	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

BSPA CORPORATE SERVICES, INC.
350 EAST LAS OLAS BLVD., STE. 1000
FT. LAUDERDALE, FL 33301

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000562802
 05/19/06-80067-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP COOKE, JOHN 1640 EAST BUENA VISTA DRIVE LAKE BUENA VISTA, FL 32830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS NOLAN, PAUL 1640 EAST BUENA VISTA DRIVE LAKE BUENA VISTA, FL 32830
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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:  DATE: **5/1/06** DAYTIME PHONE #: **4075995900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #