

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 308878

1. Entity Name
CONCESSIONS, INC.



Principal Place of Business
8955 PALM RIVER RD.
TAMPA, FL 33619

Mailing Address
11229 EAST RIVERVIEW DRIVE
RIVERVIEW, FL 33569 US



02252006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1152348

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

SOLANO, ROBERT L.
11229 E RIVERVIEW DR
RIVERVIEW, FL 33569

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	VD
NAME	SOLANO, DANIEL
STREET ADDRESS	11227 E. RIVERVIEW DR.
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	PD
NAME	SOLANO, ROBERT L
STREET ADDRESS	11229 E RIVERVIEW DR
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	VD
NAME	SOLANO, BRIAN J
STREET ADDRESS	1239 BARMERE LN.
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/11/06-80008-019 150.00

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:

Brian J. Solano *Brian J. Solano*

Date

Daytime Phone #

2-26-06 813-677-9610