## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 19, 2006 8:00 am Secretary of State 04-19-2006 90087 010 \*\*\*150.00

DOCUMENT # 317900					04-19-2000 90087 010 *** 130.00			
1. Entity Nam ALMA'S F	ie PIZZA AND ITALIAN RESTA							
Principal Plac	e of Business	Mailing Address	<u> </u>		y	10000-		
4100 N. WICKHAM RD STE 102 MELBOURNE, FL 32935-2487		4100 N. WICKHAM RD STE 102 MELBOURNE, FL 32935-2487						
2. Principal Place of Business 4431 MANATEE CIRCLE		3. Mailing Address MANATER CIRCLE		PCLE				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02222006	Chg-P	CR2E034 (11/05)	
MELBOURNE, FL		MELBOURNE, FL			4. FEI Numb 59-117		No	plied For t Applicable
329	35 Country J.S.	32935	Country S.			of Status Desired	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent - 7. Name and Name / / / 7. A							egistered Agent	
4100 N. W	TIMOTHY R ICKHAM RD STE 102 RNE, FL 32935-2487	Street	duress () F40	P.O. Box Numb	er is Not Acceptable	CIRCLE		
			City N	1F.1.1	300 RH	 E	FL 3992	335
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 agents	Manus (NOT)	E: Registered Agent signal	MOK ure required	GHN, PA	RESIDENT	DATE	06
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.6	9. Election Campa Trust Fund Cont	• • –		.00 May Be ed to Fees			
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	
TITLE NAME	P MORGAN, TIMOTHY R	☐ Delete	TITLE NAME	Pin	IDA MIC	RGAN	Change	Addition
STREET ADDRESS	4100 N. WICKHAM RD STE 102		STREET ADDRESS	4/11:	MAN	RGAN ATEE CIRC RNE, FL	LE _	-
CITY-ST-ZIP	MELBOURNE, FL 329352487		CITY-ST-ZIP	ME	LBOUT	RNE, FL	32935	
TITLE		☐ Delete	TITLE		-	,	'□ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					ľ
TITLE		☐ Delete	TITLE	_			Change	Addition
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP			<del>.</del>		
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS			STREET ADORESS					
CITY-ST-ZIP			CITY-ST-ZIP					İ
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME STREET ADODESS					
STREET ADORESS			STREET ADORESS CITY-ST-ZIP					1
TITLE		☐ Delete	TITLE	<del>                                     </del>			☐ Change	Addition
NAME		_ 0000	NAME					_
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>				
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empr , or on an attachment with an address, a	true and accurate and that rewered to execute this report	my signature shall ł ∶as required by Ch	nave the s	same legal effe	ct as if made under c	oath; that I am an officer	or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT 40053517

## JOHN J. KABBOORD, JR.

A PROFESSIONAL ASSOCIATION

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Website: http://www.kabboord.com

OF COUNSEL
F. PALMER WILLIAMS

April 17, 2006

Florida Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

Re: 2006 Annual Report for Alma's Seafood

and Italian Restaurant, Inc.

**Dear Sir or Madam:** 

SUITE 801

1980 N. ATLANTIC AVENUE

COCOA BEACH, FLORIDA 32931

You will find enclosed herewith an original 2006 Annual Report for the above corporation, as well as a check to your order in the amount of \$150, representing the requisite filing fee.

Thank you for your assistance.

Singerely,

JOHN J. KABBOORD, JR.

JJKjr:aw Enclosures

cc: Mrs. Linda Morgan

(with enclosures)