2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 331103

1. Entity Name
THE CLOCK RESTAURANT, INC.

Principal Place of Business	Mailing Address
902 CLINT MOORE RD.,STE.126 BOCA RATON, FL 33487	902 CLINT MOORE RD.,STE.126 BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

04042006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1560922

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TRINGALI, JOHN M
902 CLINT MOORE RD.
SUITE 126
BOCA RATON, FL 33487

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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

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	ZACCAGNINI, ELEANOR
STREET ADDRESS	6869 VIENTO WAY
CITY-ST-ZIP	BOCA RATON, FL
TITLE	P
NAME	TRINGALI, S.JAMES
STREET ADDRESS	725 NE 36TH ST.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	VS
NAME	TRINGALI, JOHN M
STREET ADDRESS	902 CLINT MOORE RD STE 126
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80057-014 150.00

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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: John Tringali 4/5/06 561 994-3440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #