

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90022 024 \*\*\*150.00

**DOCUMENT # 428419**

1. Entity Name  
**MOM AND DAD'S ITALIAN RESTAURANT INC**



Principal Place of Business  
**304 WEST US HWY  
441/US 27  
LADY LAKE, FL 32159**

Mailing Address  
**PO BOX 576  
LAKE LADY, FL 32158-0576**

**60009503**



03282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-1468151**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**MATTIUCCI, RAYMOND T.  
36520 MICRO RACE TRACK  
FRUITLAND PARK, FL 34731-5130**

7. Name and Address of New Registered Agent

Name  
**ELAINNA M. TUCKER**  
Street Address (P.O. Box Number is Not Acceptable)  
**1742 SHORELINE DRIVE**  
City  
**LEESBURG** **FL** Zip Code  
**34748**

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 PD ☒ Delete  
NAME MATTIUCCI, RAYMOND T.  
STREET ADDRESS 36520 MICRO RACE TRACK  
CITY-ST-ZIP FRUITLAND PARK, FL 30

TITLE D ☒ Delete  
NAME MATTIUCCI, MONICA  
STREET ADDRESS 36520 MICRO RACE TRACK  
CITY-ST-ZIP FRUITLAND PARK, FL 30

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition  
NAME ELAINNA M. TUCKER  
STREET ADDRESS 1742 SHORELINE DRIVE  
CITY-ST-ZIP LEESBURG, FL 34748

TITLE VPD ☐ Change ☒ Addition  
NAME RICKY L. TUCKER  
STREET ADDRESS 1742 SHORELINE DRIVE  
CITY-ST-ZIP LEESBURG, FL 34748

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Elainna M. Tucker* ELAINNA M. TUCKER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/12/06*  
Date

(352) 753-2722  
Daytime Phone #