

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 447660

1. Entity Name

TALK OF THE TOWN RESTAURANTS, INC.



Principal Place of Business

1260 CENTRAL FL. PARKWAY
ORLANDO, FL 32837 US

Mailing Address

☐ 1260 CENTRAL FL. PARKWAY
ORLANDO, FL 32837 US



03242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1533912

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DARMOG, DENNIS P.
1260 CENTRAL FLORIDA PKWY.
ORLANDO, FL 32821

**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	PD
NAME	WOODSBY, R E
STREET ADDRESS	1445 OAKLAWN PL
CITY-ST-ZIP	LAKELAND, FL 00000, 33803
TITLE	CD
NAME	WOODSBY, C E
STREET ADDRESS	8959 BAY COVE COURT
CITY-ST-ZIP	ORLANDO, FL 0, 32819
TITLE	ST
NAME	DARMOG, DENNIS P
STREET ADDRESS	1950 LEGION DR
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000498465
04/22/06-80095-021 150.00

**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:

Dennis P. Darzog Dennis P Darzog

Sec TREAS 3/31/06

407-851-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #