

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 516287

FILED
Apr 26, 2006
Secretary of State

Entity Name: BILL IRLE RESTAURANT, INC.

Current Principal Place of Business:

1310 N. FORT HARRISON AVENUE
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

1310 N. FORT HARRISON AVENUE
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 59-1692332 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IRLE, WIELAND
1310 N. FORT HARRISON AVENUE
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: IRLE, WIELAND,
Address: 1402 N FORT HARRISON AVE
City-St-Zip: CLEARWATER, FL 33755 US

Title: VP () Delete
Name: IRLE, YVONNE,
Address: 1402 N FORT HARRISON AVE
City-St-Zip: CLEARWATER FL, FL 33755 US

Title: VP () Delete
Name: WILLIAM, IRLE
Address: 1402 N. FT. HARRISON AVE.
City-St-Zip: CLEARWATER, FL 33755 US

Title: ST () Delete
Name: LADD, MICHELLE
Address: 1089 GLENWOOD DRIVE
City-St-Zip: DUNEDIN, FL 34698 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVONNE M. IRLE

VP

04/26/2006

Electronic Signature of Signing Officer or Director

_____ Date