

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90021 012 ***150.00



DOCUMENT # 516287

1. Entity Name

BILL IRLE RESTAURANT, INC.

Principal Place of Business

1310 N. FORT HARRISON AVENUE
 CLEARWATER FL 33755

Mailing Address

1310 N. FORT HARRISON AVENUE
 CLEARWATER FL 33755



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number 59-1692332

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

7. Name and Address of New Registered Agent

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

Name: William Irle
 Street Address (P.O. Box Number is Not Acceptable): 1402 N. Ft. Harrison Ave
 City: Clearwater FL Zip Code: 33755

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 William Irle PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/22/07
 DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
P	IRLE, WIELAND	1402 N FORT HARRISON AVE	CLEARWATER FL 33755	<input checked="" type="checkbox"/>
VP	IRLE, YVONNE	1402 N FORT HARRISON AVE	CLEARWATER FL FL 33755	<input checked="" type="checkbox"/>
VP	WILLIAM, IRLE	1402 N. FT. HARRISON AVE.	CLEARWATER FL 33755	<input type="checkbox"/>
ST	LADD, MICHELLE	1089 GLENWOOD DRIVE	DUNEDIN FL 34698	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
ST	ANN Irle	1402 N. Ft Harrison	Clearwater, FL 33755	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P	William Irle	1402 N. Ft Harrison	Clearwater, FL 33755	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/07

Date

727 446-5683

Daytime Phone #