

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F15401 1. Entity Name MAMA ROSA'S ENTERPRISES, INC.					
Principal Place of Business 3074 ROSS CLARK CIR SUITE # 2 DOTHAN AL 36301 US			Mailing Address 3074 N ROSS CLARK CIRCLE DOTHAN AL 36301 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2067953	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, BILLY R 4430 AMBER LAKE COVE NICEVILLE FL 32578				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent Signature Required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May C Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEWIS, MICHAEL R 483 WOODHAM RD HEADLAND AL 36345	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWIS, A. KATHRYN 4430 AMBER LAKE COVE NICEVILLE FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRUNER, PAM 107 AUTUMN RIDGE, # 2 DOTHAN AL 36305	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEWIS, BILLY 4430 AMBER LAKE COVE NICEVILLE FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				



1st MOORE CR2E034 (10/05)

Applied For
Not Applicable

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

**LEWIS, BILLY R
4430 AMBER LAKE COVE
NICEVILLE FL 32578**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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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 another like empowered.

SIGNATURE: Michael R. Lewis 3-1-06 334 794-2252