

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

| | | | | | |
|--|---|---------------------------------|---|--|--|
| DOCUMENT # H98025 1. Entity Name POOR PAUL'S POURHOUSE, INCORPORATED | | | | | |
| Principal Place of Business % JAMES R. SMITH 618 1/2 WEST TENNESSEE STREET TALLAHASSEE FL 32304 | | | Mailing Address % JAMES R. SMITH 618 1/2 WEST TENNESSEE STREET TALLAHASSEE FL 32304 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 58-1662640 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable | | | |
| 6. Name and Address of Current Registered Agent SMITH, JAMES R. 618 1/2 WEST TENNESSEE STREET TALLAHASSEE FL 32304 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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 re-instating) | | | | | |
| 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 <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SMITH, JAMES R. 618 1/2 W TENNESSEE ST TALLAHASSEE FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Add <input type="checkbox"/> U000000421312 02/16/06-80031-009 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SMITH, DANIEL J. 4020 BUNDBROOK COURT TALLAHASSEE FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Add <input type="checkbox"/> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Add <input type="checkbox"/> | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change <input type="checkbox"/> Add <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: James R. Smith **JAMES R. SMITH** 1-1-2006 PSO-111-2978