2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # K50020

1. Name
E HAUCK'S WINGS N' RIBS, INC.

Principal Place of Business
WEST SAMPLE RD
TE, FL 33073

Mailing Address
5466 WEST SAMPLE RD
MARGATE, FL 33073

01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0092108
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZINSKI, ROBERT VP
W SAMPLE ROAD
GATE, FL 33073

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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
For May 1, 2006 Fee will be $550.00

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

U00000397929
01/30/06-80074-008 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HAUCK, ED JR.
STREET ADDRESS 1248 SE 24TH AVENUE
CITY-ST-ZIP POMPANO BEACH, FL

TITLE ST
NAME BRUDZINSKI, BOB
STREET ADDRESS 5466 W SAMPLE RD
CITY-ST-ZIP MARGATE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. 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: Robert Brudzinski 1/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #