


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # L17745 1. Entity Name AMOS' TAVERN, INC.	
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Principal Place of Business 200 N HWY 17-92 N HAINES CITY, FL 33844 US	Mailing Address 402 N 18TH ST HAINES CITY, FL 33844
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04032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2965763	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AMOS, GERALD 200 N. HWY 17-92 HAINES CITY, FL 33844

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	D AMOS, GERALD 402 N 18 ST HAINES CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMOS, BARBARA ANN 402 N 18 ST HAINES CITY, FL
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04/22/06-80073-004 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 title empowered.

SIGNATURE: Barbara Ann Amos 4/7/06 863-422-1459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #