

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2006 8:00 am
Secretary of State

01-11-2006 90011 029 ***150.00

DOCUMENT # L59775

1. Entity Name
CONESTOGAS RESTUARANT, INC.



Principal Place of Business
**14920 MAIN STREET (STREET)
ALACHUA, FL 32615**

Mailing Address
**POST OFFICE BOX 117
ALACHUA, FL 32616 US**

60001102



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2996233

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBERTSON, RICKY L.
14920 MAIN STREET
ALACHUA, FL 32615**

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
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
ROBERTSON, RICKY L.
15218 NW 29TH TER
GAINESVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**V
ROBERTSON, DONNA J
15218 NW 29TH TERR
GAINESVILLE, FL 32609**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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 like empowered.

SIGNATURE: *Ricky L. Robertson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/06
Date

386-462-0894
Daytime Phone #