## 2006 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

## **ANNUAL REPORT**

DOCUMENT # M80212

S CHY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-JIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CHARLEY'S STEAKHOUSE AND SEAFOOD GRILLE OF KISSIMMEE, INC.



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

Principal Place of Business

% DENNIS P. DARMOC

2901 PARKWAY BLVD. KISSIMMEE, FL 32741 US Mailing Address

% DENNIS P. DARMOC 1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837-9259



03242006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2887106

Applied Far Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Name and Address of Current Registered Agent				;	
DARMOC, DENNIS P. 1260 CENTRAL FLORIDA PKWY. ORLANDO, FL 32837			DO NOT WRITE IN THIS SPACE		
the obliga	tions of registered agent.	ourpose of changing its registered aff	ice or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of regrered agent and lids	il applicable (NOTE Registered Agent	signatura required when reinstating)	DATE	
Fil After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS				
NAME STREET ADDRESS CHY-ST-ZIP	DC WOODSBY, CHARLES E. 8959 BAY COVE CT ORLANDO, FL 32819			U00000497538	
INTLE NAME STREET ADDRESS CHY-SI-ZIP	DP WOODSBY, RONALD E. 1445 OAKLAWN PLACE LAKELAND, FL 33803			04/22/06-80057-021 150.	
Ture Name Street address City-SI-ZIP	ST DARMOC, DENNIS 1950 LEGION DR WINTER PARK, FL 32789		DO NOT WRITE IN THIS SPACE		
TITLE MAME STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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 SIGNATURE AND TYPEU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dannoc

4/6/06

401-851-8400

Daytime Phone #