


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90449 029 ***150.00

DOCUMENT # P0000007379

1. Entity Name
CHICKEN & SUBS DELIGHT, INC.



Principal Place of Business
**202 ANTOFAGASTA ST.
 PUNTA GAORDA, FL 33983-5640**

Mailing Address
**202 ANTOFAGASTA ST.
 PUNTA GAORDA, FL 33983-5640**

60031546

2. Principal Place of Business
3591 Tamiami Trail
 Suite, Apt. #, etc.


3. Mailing Address
25100 Sandhill Blvd
Apt V104
 Suite, Apt. #, etc.

City & State
Port Charlotte, FL

City & State
Punta Gorda, FL

Zip
33952 Country

Zip
33983 Country



04252006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0759817 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DUBBANEH, WAEL
202 ANTOFAGASTA ST.
PUNTA GAORDA, FL 33983-5640

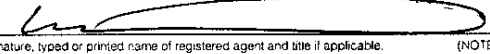
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
25100 Sandhill Blvd Apt V104

City **Punta Gorda** **FL** Zip Code **33983**

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  DATE **4-28-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBBANEH, WAEL	NAME	
STREET ADDRESS	202 ANTOFAGASTA ST.	STREET ADDRESS	25100 Sandhill Blvd Apt V104
CITY-ST-ZIP	PUNTA GAORDA, FL 339835640	CITY-ST-ZIP	Punta Gorda, FL 33983
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  DATE **4-28-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #