

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000026288

1. Entity Name
LACANTINA OCEANSIDE, INC.



Principal Place of Business
**8803 N. ATLANTIC AVE.
CAPE CANAVERAL, FL 32920**

Mailing Address
**8803 N. ATLANTIC AVE.
CAPE CANAVERAL, FL 32920**



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3636534

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SAUER, JEFFREY R
102 GARDEN BEACH LN
CAPE CANAVERAL, FL 32920**

**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 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 PT
NAME SAUER, JEFF
STREET ADDRESS 102 GARDEN BEACH LN
CITY-ST-ZIP CAPE CANAVERAL, FL 32920

TITLE VS
NAME FAIRFIELD, DEBI M
STREET ADDRESS 102 GARDEN BEACH LN
CITY-ST-ZIP CAPE CANAVERAL, FL 32920

TITLE
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CITY-ST-ZIP

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000000552729
05/15/06-80023-012 150.00

**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 like empowered.

SIGNATURE: JEFF SAUER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06
Date

321-427-2208
Daytime Phone #