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Secretary of State

01-27-2006 90033 034 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000078278

1. Entity Name:

PONS FAMILY RESTAURANT, INC.



Principal Place of Business

~~1401 ORANGE AVENUE~~
 GREEN COVE SPRINGS, FL 32004-4301

Mailing Address

~~1401 ORANGE AVENUE~~
 GREEN COVE SPRINGS, FL 32004-4301

2. Principal Place of Business

505 N. Orange Avenue
 Suite, Apt. #, etc.

3. Mailing Address

505 N. Orange Avenue
 Suite, Apt. #, etc.

City & State

Green Cove Springs, FL

Zip

32043

Country

USA

City & State

Green Cove Springs, FL

Zip

32043

Country

USA

01242006

Chg-P

CR2E034 (11/05)

4. FEE Number

59-3664505

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PONS, BELVIA
~~1401 ORANGE AVENUE~~
 GREEN COVE SPRINGS, FL 32004-4301

Name

Johnny L. Pons

Street Address (P.O. Box Number is Not Acceptable)

167 Williams Park Road

City

Green Cove Springs, FL

Zip Code

32043

☒ 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, the registered agent.

SIGNATURE

Signature, type or print name of registered agent and then applicable

Johnny L. Pons

(NOTE: Registered Agent's signature required when first starting)

1/24/06

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 D ☒ Delete
 NAME PONS, BELVIA
 STREET ADDRESS 1401 ORANGE AVENUE
 CITY-STATE-ZIP GREEN COVE SPRINGS, FL 320044301

TITLE D ☒ Delete
 NAME PONS, JOHN A
 STREET ADDRESS 1401 ORANGE AVENUE
 CITY-STATE-ZIP GREEN COVE SPRINGS, FL 320044301

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE STP/T ☐ Change ☒ Addition
 NAME Johnny L. Pons
 STREET ADDRESS 167 Williams Park Road
 CITY-STATE-ZIP Green Cove Springs, FL 32043

TITLE VP/S ☐ Change ☒ Addition
 NAME KC Pons
 STREET ADDRESS 167 Williams Park Road
 CITY-STATE-ZIP Green Cove Springs, FL 32043

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

☒ 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 person 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Johnny L. Pons

Date

1/24/06

Office Phone #

904 211 2533