

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000110585	
1. Entity Name N&T RESTAURANT, INC.	

Principal Place of Business 6943 N WICKHAM RD MELBOURNE, FL 32940	Mailing Address 6943 N WICKHAM RD MELBOURNE, FL 32940
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04112005 No Chg-P CR2E034 (11/05)

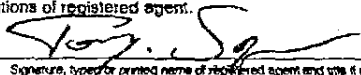
DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3684229	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAWANGKUM, ANUPONG T 6943 N WICKHAM RD MELBOURNE, FL 32940
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**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  **04/10/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retiring) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

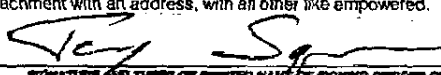
9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

000000507287
04/27/06-00057-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAWANGKUM, ANUPONG T 2907 ROLLINGS ST MELBOURNE, FL 32901
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **04/10/06 (321)752-0909**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #