


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000043760</b> 1. Entity Name <b>BUBBALOU'S NO. 2, INC.</b>	
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Principal Place of Business <b>1471 LEE ROAD WINTER PARK, FL 32892</b>	Mailing Address <b>C/O PAULA BOWERS 1471 LEE ROAD WINTER PARK, FL 32892</b>
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01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3715214</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>NEUKAMM, MICHAEL E 301 EAST PINE STREET SUITE 1400 ORLANDO, FL 32801</b>
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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 \_\_\_\_\_

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**U00000608132  
01/31/07-80065-012 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST BOWERS, PAULA 219 RIPPLING LANE WINTER PARK, FL 32789</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP WESTON, ALFRED S 1171 AUDOBON WAY MAITLAND, FL 32751</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV WHEELER, CLARENCE 5720 PADGETT CIRCLE ORLANDO, FL 32839</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Paula S. Bowers* **PAULA S BOWERS** 1/12/2007 4076497010