2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 19, 2006 8:00 am Secretary of State

DOCUMENT # P01000062599 1. Entity Name MAC DADDYS' INTERNATIONAL IRISH PUB, INC.							01-19-2006 9	90065 038	***150.	.00
Principal Place of Business 11024 STATE ROAD 52 HUDSON, FL 34669			Mailing Address 11024 STATE ROAD 52 HUDSON, FL 34669							
2. Principal Place of Business			3. Mailing Address			-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152006	Chg-P	CR2E03	4 (11/05)			
City & State		City & State		4. FEI Number 59-3731	260			plied For t Applicable		
Zip Country		Country	Zip	Country		5. Certificate o	f Status Desired		8.75 Add ee Require	
	6. Name	and Address of Curren	t Registered Agent				ddress of New R	legistered A	gent	
MOCHIDE	THOMAS	2 M			Name	1.17 BO 1				
MCGUIRE, THOMAS M 11024 STATE ROAD 52 HUDSON, FL 34669					Street Address ((P.O. Box Number	is Not Acceptable	e)		
·					City			FL	Zip Code	e
The above named entity submits this statement for the purpose of changing its regis					·					
	named entititions of regist		or the purpose of changing i	ts register	ed office or register	red agent, or both	, in the State of Flo	orida. Iam ta	ımiliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOWI!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.										
	•	o ree will be \$550.	.00	Huibution.	LI Add	led to Fees				
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r nereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

127-379-0457

Daytime Phone #