

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90360 013 ***150.00

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1. Entity Name
BNC RESTAURANTS II, INC.



Principal Place of Business
**420 SOUTH ORANGE AVENUE
SUITE 1200
ORLANDO, FL 32801-4904**

Mailing Address
**PO BOX 599
LADY LAKE, FL 32159**

40042764



2. Principal Place of Business
860 S. Hwy 27/441
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 599
Suite, Apt. #, etc.

03242006 Chg-P CR2E034 (11/05)

City & State
LADY LAKE FL
Zip
32159
Country
USA

City & State
MINNEOLA FL
Zip
34755-0599
Country
USA

4. FEI Number
52-2375824
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARDWELL, BAILEY N
572 SUMMERWOOD DR
MINNEOLA, FL 34715**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 **D** ☐ Delete
NAME **CARDWELL, J THOMAS**
STREET ADDRESS **255 SOUTH ORANGE AVENUE, SUITE 1700**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **D** ☐ Delete
NAME **CARDWELL, BAILEY N**
STREET ADDRESS **572 SUMMERWOOD DR**
CITY-ST-ZIP **MINNEOLA, FL 34715**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **420 S. Orange Ave**
CITY-ST-ZIP **#1200
ORLANDO FL 32801**

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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: **BAILEY CARDWELL** **3/29/06** **352 241 4796**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #