

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000014738

FILED
Jan 17, 2006
Secretary of State

Entity Name: RIB CITY HILLSBOROUGH, INC.

Current Principal Place of Business:

8710 HILLSBOROUGH AVE
UNIT 203
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

12995 S CLEVELAND AVE
SUITE 110
FT MYERS, FL 33907

New Mailing Address:

FEI Number: 57-1153422 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEDEN, PAUL D
12995 S CLEVELAND AVE
SUITE 110
FT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEDEN, PAUL D PD
Address: 12995 S CLEVELAND AVE STE 110
City-St-Zip: FT. MYERS, FL 33907 US

Title: STD () Delete
Name: PEDEN, CRAIG D STD
Address: 12995 S CLEVELAND AVE STE 110
City-St-Zip: FT. MYERS, FL 33907 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL PEDEN

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01/17/2006

Electronic Signature of Signing Officer or Director

Date