

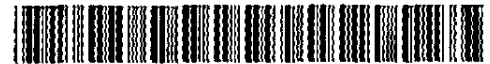
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000084454	
1. Entity Name TONIGHT'S MENU, INC.	

Principal Place of Business 2603 RIDGEWOOD AVENUE TAMPA, FL 33602	Mailing Address 2603 RIDGEWOOD AVENUE TAMPA, FL 33602
---	---

DO NOT WRITE IN THIS SPACE



04182005 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0128077	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FLETCHER, LEIGH K 401 E. JACKSON STREET SUITE 2200 TAMPA, FL 33602
--

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 file 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 NAME STREET ADDRESS CITY-ST-ZIP	PRES RAIA-LONG, JESSICA A 2603 RIDGEWOOD AVE. TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LONG, MICHAEL A JR. 2603 RIDGEWOOD AVE. TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSR. HAYNES, JOHN 2 SHAMROCK DR. MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RAIA-LONG, JESSICA A 2603 RIDGEWOOD AVE. TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR LONG, MICHAEL A SR. 859 MULBERRY ST. COAL TOWNSHIP, PA 17866
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR VANDERKLIPP, JESSICA G 3111 OAKELLAR TAMPA, FL 33611

000000528027
05/05/06-80019-019 150.00

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: <i>Jessica Raia Long</i>	4-21-06	514-0691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #