

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90415 038 ***150.00

DOCUMENT # P03000085858

1. Entity Name
NOT ONLY CHEESE INC



Principal Place of Business
6547 MIDNIGHT PASS RD
#10
SARASOTA, FL 34242-2506

Mailing Address
6547 MIDNIGHT PASS RD
#10
SARASOTA, FL 34242-2506

40076401



2. Principal Place of Business

3. Mailing Address

5770 S. Tamiami Tr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262006

Chg-P

CR2E034 (11/05)

City & State

Sarasota, FL

City & State

4. FEI Number

90-0118814

Applied For

Not Applicable

Zip
34231

Country
USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARDI, LES CPA
7061 S. TAMiami TRAIL
SARASOTA, FL 34231-5559

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
STREET ADDRESS RONCHI, URSULA
CITY-ST-ZIP 6547 MIDNIGHT PASS RD., #10
SARASOTA, FL 34242 ☒ Delete

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

TITLE
NAME T
STREET ADDRESS RONCHI, CLAUDIO
CITY-ST-ZIP 6547 MIDNIGHT PASS RD., #10
SARASOTA, FL 34242 ☐ Delete

TITLE
NAME PT
STREET ADDRESS Ronchi, Claudio
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME S
STREET ADDRESS CREMONINI, BARBARA
CITY-ST-ZIP 6547 MIDNIGHT PASS RD., #10
SARASOTA, FL 34242 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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 #

04.26.06