2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000091706

1. Entity Name
RAYMOND'S ITALIAN GRILL, INC.

Principal Place of Business	Mailing Address
11836 US 19 PORT RICHEY, FL 34668 US	7185 ROYAL OAK DRIVE SPRING HILL, FL 34607 US

DO NOT WRITE IN THIS SPACE

01242006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-1242875	Not Applicable

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

6. Name and Address of Current Registered Agent

ERCOLANO, TINA L
7185 ROYAL OAK DRIVE
SPRING HILL, FL 34607

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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	U00000407775 02/08/06-80035-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ERCOLANO, RAYMOND P
STREET ADDRESS	7185 ROYAL OAK DRIVE
CITY-ST-ZIP	SPRING HILL, FL 34607
TITLE	PST
NAME	ERCOLANO, TINA L
STREET ADDRESS	7185 ROYAL OAK DRIVE
CITY-ST-ZIP	SPRING HILL, FL 34607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: ___X_Tina Ercolan__ TINA ERCOLANO   X 1-25-06   X 852-686-1570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #