

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90171 024 ***158.75

DOCUMENT # P04000103034

1. Entity Name

NOCTURNAL B.Y.O.B INC.



Principal Place of Business

4527 US 19
NEW PORT RICHEY FL 34652

Mailing Address

4527 US 19
NEW PORT RICHEY FL 34652



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

8011 PAPERBARK LANE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Zip

Country

City & State

PORT RICHEY FL

Zip

34668

Country

4. FEI Number

16-1705727

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALISE, WILLIAM J JR
8011 PAPERBARK LANE
PORT RICHEY FL 34668

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete
NAME CALISE, WILLIAM J JR
STREET ADDRESS 8011 PAPERBARK LANE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
NAME WILLIAM J. CALISE JR
STREET ADDRESS 8011 PAPERBARK LANE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE VICE PRESIDENT ☒ Change ☒ Addition
NAME PATRICIA CALISE
STREET ADDRESS 8011 PAPERBARK LANE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE SECRETARY ☐ Change ☒ Addition
NAME WILLIAM ANTHONY CALISE III
STREET ADDRESS 8011 PAPERBARK LANE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE TREASURER ☒ Change ☐ Addition
NAME WILLIAM J. CALISE JR
STREET ADDRESS 8011 PAPERBARK LANE
CITY-ST-ZIP PORT RICHEY FL 34668

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

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 Section 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: William J Calise Jr WILLIAM J. CALISE JR 2/20/06 727-243-3674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #