

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

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
8011 PAPERBARK LANE
PORT RICHEY, FL 34668



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1705727	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE	VP
NAME	CALISE, PATRICIA
STREET ADDRESS	8011 PAPERBARK LANE
CITY-ST-ZIP	PORT RICHEY, FL 34668

TITLE	S
NAME	CALISE, WILLIAM A III
STREET ADDRESS	8011 PAPERBARK LANE
CITY-ST-ZIP	PORT RICHEY, FL 34668

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/14/07-80060-022 158.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07

Date

727-817-1950

Daytime Phone #