

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 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**



01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1705727	Applied For <input type="checkbox"/> 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees
Trust Fund Contribution.

000000786583
01/17/08-80045-014 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CALISE, WILLIAM J JR 8011 PAPERBARK LANE PORT RICHEY, FL 34668
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CALISE, PATRICIA 8011 PAPERBARK LANE PORT RICHEY, FL 34668
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CALISE, WILLIAM A III 8011 PAPERBARK LANE PORT RICHEY, FL 34668
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CALISE, JR., WILLIAM J 8011 PAPERBARK LANE PORT RICHEY, FL 34668
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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: *Patricia Calise* **PATRICIA CALISE** **1/13/08** **727-817-1950**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #