

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000116278

1. Entity Name
CARMELITA'S CAFE, INC.



Principal Place of Business
**6955 OLD HWY 37
LAKELAND FL 33811**

Mailing Address
**6955 OLD HWY 37
LAKELAND FL 33811**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **20-1474915** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**COMPARETTO, TANYA M
114 N TENNESSEE AVE SUITE 204
LAKELAND FL 33801**

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 _____ (NOTE: Registered Agent signature required when reappointing) 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	P	☐ Delete
NAME	RIMES, HAROLD A	
STREET ADDRESS	4062 HOLLYHEAD CIRCLE NORTH	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	VM	☐ Delete
NAME	SANTIAGO, HECTOR	
STREET ADDRESS	4062 HOLLYHEAD CIRCLE NORTH	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	SD	☐ Delete
NAME	RIMES, CARMEN	
STREET ADDRESS	4062 HOLLYHEAD CIRCLE NORTH	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

U000000454744
03/15/06-80027-023 150.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: *[Signature]* **HAROLD A. RIMES** 02-26-06 863-661-2122