

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000117271

Entity Name

WORLD TEAM RESTAURANTS, INC.



Office of Business

4920 SE DIXIE HIGHWAY
PORT SALERNO, FL 34997 US

Mailing Address

4920 SE DIXIE HIGHWAY
PORT SALERNO, FL- 34997 US

FILED
May 12, 2006 08:00 AM
Secretary of State



05092006 No.Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0728810	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

MCGOVERN, PAUL
4920 SE DIXIE HIGHWAY
PORT SALERNO, FL 34997

**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 this if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DIR
NAME	MCGOVERN, PAUL
STREET ADDRESS	18282 JUPITER LANDINGS DR
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	DIR
NAME	MCGOVERN, NORA
STREET ADDRESS	18282 JUPITER LANDINGS DRIVE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000564932
05/20/06-80099-001 150.00

**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:

Nora McGovern
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/06

Date

564-354-1434

Daytime Phone #