

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000127392					
1. Entity Name TOWNHOUSE RESTAURANT, INCORPORATED					
Principal Place of Business 4601 66TH STREET NORTH KENNETH CITY, FL 33709			Mailing Address 4601 66TH STREET NORTH KENNETH CITY, FL 33709		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc		Suite, Apt #, etc			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHRISTOPHER, AVYI 8743 BAYWOOD PARK DRIVE SEMINOLE, FL 33777				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 reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CHRISTOPHER, AVYI		NAME	U00000431795 02/23/06-80043-010 150.00	
STREET ADDRESS	8743 BAYWOOD PARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33777		CITY-ST-ZIP		
TITLE	VP	☒ Delete OK	TITLE	☐ Change ☐ Addition	
NAME	CHRISTOPHER, CHRIS		NAME		
STREET ADDRESS	8743 BAYWOOD PARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE, FL 33777		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Christopher</i>			Date _____ Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					