

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P04000158065

1. Entity Name
TAMPA'S PHILLY OF THE SOUTH, INC.



Principal Place of Business

**5487 FRIARSWAY DR
TAMPA, FL 33624**

Mailing Address

**5487 FRIARSWAY DR
TAMPA, FL 33624**



05012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1340194	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

**KLINE, MIKE
5487 FRIARSWAY DR
TAMPA, FL 33624**

**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

Mike Kline **Founder**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/06
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

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

**In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KLINE, MIKE
STREET ADDRESS	5487 FRIARSWAY DR
CITY-ST-ZIP	TAMPA, FL 33624

TITLE	D
NAME	WILKINS, MICHEL
STREET ADDRESS	4323 SWIFT CIRCLE
CITY-ST-ZIP	VALRICO, FL 33594

TITLE	D
NAME	MATTIACCI, JOE
STREET ADDRESS	5626 BROOKDALE WAY
CITY-ST-ZIP	TAMPA, FL 33625

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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

5/1/06

813-765-7422
Date Daytime Phone #