

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000029360

1. Entity Name

CHUBBY'Z 2 D&D CORP. INC.



Principal Place of Business

4109 TAMiami TRAIL
PORT CHARLOTTE, FL 33952 US

Mailing Address

4109 TAMiami TRAIL
PORT CHARLOTTE, FL 33952 US



01142007 No Chg-P CR2E034 (11/05)

4. FEI Number

27-0116949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHUBBY'Z 2 TAVERN
4109 TAMiami TRAIL
PORT CHARLOTTE, FL 33952

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11000006117316
02/02/07-80075-008 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME LUTINSKI, DANIEL F
STREET ADDRESS 1069 DORCHESTER ST.
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE VP
NAME LUTINSKI, DONALD E
STREET ADDRESS 1516 SCHENELY ST.
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE SEC
NAME LUTINSKI, DONNA
STREET ADDRESS 1516 SCHENELY ST.
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE TRES
NAME LUTINSKI, DANIEL F
STREET ADDRESS 1069 DORCHESTER ST.
CITY-ST-ZIP PORT CHARLOTTE, FL 33952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

David Lornish President 1/27/07 941-613-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #