

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90323 028 \*\*\*150.00

**DOCUMENT # P05000032627**

1. Entity Name  
**ANAKO NAPPY WOLOPO YUM LAM INC**



Principal Place of Business  
**1638 DR MLK ST NO  
ST PETERSBURG, FL 33704**

Mailing Address  
**626 37TH AVE SO  
ST PETERSBURG, FL 33705**

**00010137**

2. Principal Place of Business

3. Mailing Address  
**2033- 15<sup>th</sup> Avenue South**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042006

Chg-P

CR2E034 (11/05)

City & State

City & State  
**ST. PETERSBURG, FL**

4. FEI Number

**20-2355744**

Applied For

Not Applicable

Zip

Country

Zip  
**33712**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MITCHELL, JOYCE C  
636 37TH AVE SO  
ST PETERSBURG, FL 33705**

7. Name and Address of New Registered Agent

Name  
**Johnnia Mitchell**  
Street Address (P.O. Box Number is Not Acceptable)  
**1638 DR MLK ST. NO**  
City  
**ST. PETERSBURG** FL Zip Code  
**33704**

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

**Johnnia M. Mitchell**

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

(NOTE: Registered Agent signature required when reinstating)

**4-4-06**

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

TITLE  
**P** ☒ Delete  
NAME  
**MITCHELL, JOYCE C**  
STREET ADDRESS  
**626 37TH AVE SO**  
CITY-ST-ZIP  
**ST PETERSBURG, FL 33705**

TITLE  
**VP** ☐ Delete  
NAME  
**MITCHELL, HARRISON**  
STREET ADDRESS  
**626 37TH AVE SO**  
CITY-ST-ZIP  
**ST PETERSBURG, FL 33705**

TITLE  
**SEC** ☐ Delete  
NAME  
**DANDRIDGE, DEBORAH**  
STREET ADDRESS  
**1638 DR MLK ST NO**  
CITY-ST-ZIP  
**ST PETERSBURG, FL 33704**

TITLE  
**TREA** ☐ Delete  
NAME  
**MITCHELL, JOHNNIA**  
STREET ADDRESS  
**1638 DR MLK ST NO**  
CITY-ST-ZIP  
**ST PETERSBURG, FL 33704**

TITLE  
**MEM** ☐ Delete  
NAME  
**RANDOLPH, JUANITA**  
STREET ADDRESS  
**1638 DR MLK ST NO**  
CITY-ST-ZIP  
**ST PETERSBURG, FL 33705**

TITLE  
**MEM** ☐ Delete  
NAME  
**BARTON, HATTIE B**  
STREET ADDRESS  
**1638 DR MLK ST NO**  
CITY-ST-ZIP  
**ST PETERSBURG, FL 33704**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PRESIDENT** ☒ Change ☐ Addition  
NAME  
**JOHNNIA MITCHELL**  
STREET ADDRESS  
**1638 DR MLK ST. NO**  
CITY-ST-ZIP  
**ST. PETERSBURG, FL 33704**

TITLE  
 ☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
 ☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
 ☐ Change ☐ Addition  
NAME  
  
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TITLE  
 ☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
 ☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
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:

**Johnnia M. Mitchell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-4-06**

DATE

**727-821-8285**

Daytime Phone #