

2006 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
May 12, 2006 8:00 am
Secretary of State

04-19-2006 90080 023 ***150.00

DOCUMENT # P05000033213

1. Entity Name
PETRELLA'S ITALIAN CAFE', INC.



Principal Place of Business
**2174 WEST NINE MILE RD
PENSACOLA, FL 32534**

Mailing Address
**2174 WEST NINE MILE RD
PENSACOLA, FL 32534**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122006

Chg-P

2

CR2E034 (11/05)

4. FEI Number

202424241

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BASS AND SANDFORT ACCOUNTANTS PA
1301 W GARDEN ST
PENSACOLA, FL 32501**

7. Name and Address of New Registered Agent

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PSD
KEHOE, TONY
2174 W NINE MILE RD
PENSACOLA, FL 32534**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VPTD
KEHOE, PATRICIA
2174 W NINE MILE RD
PENSACOLA, FL 32534**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change

☐ Addition

TITLE
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CITY- ST- ZIP

☐ Change

☐ Addition

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06

Date

Daytime Phone #