

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90008 024 ***150.00

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02072006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000049501	
1. Entity Name THE SNACK BAR AT CITRUS PARK, INC	

Principal Place of Business 25501 TROST BLVD #9-63 BONITA SPRINGS, FL 34135	Mailing Address 25501 TROST BLVD #9-63 BONITA SPRINGS, FL 34135
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2. Principal Place of Business 25501 TROST BLVD Suite, Apt. #, etc.	3. Mailing Address 25501 TROST BLVD Suite, Apt. #, etc.
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City & State Bonita Springs FL	City & State Bonita Springs FL
Zip 34135	Country U.S
Zip 34135	Country

4. FEI Number 20-2639416	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TAKASH, ROBERT J 25501 TROST BLVD #9-63 BONITA SPRINGS, FL 34135	
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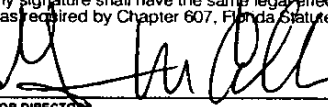
7. Name and Address of New Registered Agent Name George m. Collins Street Address (P.O. Box Number is Not Acceptable) 25501 TROST BLVD # 1-25 City Bonita Springs FL Zip Code 34135	
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8. The above named entity submits this statement for the purpose of 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 	George m. Collins 02-08-06 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAKASH, ROBERT J 25501 TROST BLVD BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLLINS, GEORGE M 25501 TROST BLVD BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: George m. Collins 	02-06-06 239 495-6704 Date Daytime Phone #