

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90040 009 ***150.00

DOCUMENT # P05000121246 1. Entity Name NEGRIL'S, INC.					
Principal Place of Business 1437 SELBYDON WAY WINTER GARDEN, FL 34787			Mailing Address 1437 SELBYDON WAY WINTER GARDEN, FL 34787		
2. Principal Place of Business 501 N. ORLANDO AVE. Suite, Apt. #, etc. SUITE 243 City & State WINTER PARK FL.		3. Mailing Address 501 N. ORLANDO AVE. Suite, Apt. #, etc. SUITE 243 City & State WINTER PARK, FLORIDA			
Zip 32789		Country USA		05022006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-33-92-807		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 DONALDS, PAUL A 1437 SELBYDON WAY WINTER GARDEN, FL 34787 			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONALDS, PAUL A 1437 SELBYDON WAY WINTER GARDEN, FL 34787		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAILEY, CLAUDETTE W 6770 LIMPIN DRIVE ORLANDO, FL 32810		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONALDS, SHIRLEY M 1437 SELBYDON WAY WINTER GARDEN, FL 34787		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 5/18/06 Daytime Phone # 407 5990919					

ATTACHMENT

40094642

P05000121246



May 18, 2006

Division of Corporations
PO Box 1500
Tallahassee
FL. 32302

Dear Sirs,

I attach the annual filing form for our restaurant, Negril's.

As discussed with one of your Officers, we opened the restaurant last September and because this is our first such venture, thought all such filings would be on the anniversary open date of our restaurant, hence the lateness of this return coupled with the fact that we have been at the restaurant from sun-up until very late. We are learning very fast and can assure you that this will not occur again so please accept our apologies for the inconvenience caused by the delayed return of this form. I accept there is a penalty for the late filing but can only say to you this was a genuine mistake and it would be very difficult financially for our small venture to have to pay the late fees – we are not fully on feet just yet. I'm enclosing the filing fees as necessary and if we will have to pay the late fee then please let me know at your earliest convenience.

We thank you very much for your understanding.

Yours truly,

A handwritten signature in black ink, appearing to read "P A Donalds".

P A Donalds
President

1437 Selbydon Way
Winter Gardens
FL. 34787
Tel: 407 760 6681