


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90004 021 \*\*\*150.00

**DOCUMENT # P93000006019**

1. Entity Name  
**ALFIE'S RESTAURANT, INC.**



Principal Place of Business      Mailing Address

**1666 OCEAN SHORE BLVD**      **1666 OCEAN SHORE BLVD**  
**ORMOND BEACH, FL 32176**      **ORMOND BEACH, FL 32176**

**DO NOT WRITE IN THIS SPACE**

40055500



07132006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-3163431</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**EVANS, GREGORY F**  
**1666 OCEAN SHORE BLVD**  
**ORMOND BEACH, FL 32176**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>EVANS, GREGORY</b>
STREET ADDRESS	<b>1666 OCEAN SHORE BLVD</b>
CITY-ST-ZIP	<b>ORMOND BCH, FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Gregory Evans*      7-13-06      386-441-7024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

# Alfies

ATTACHMENT

40099980

RESTAURANT  
& LOUNGE

#P93000006019

Dear Sirs

I recieved this bill <sup>(postcard)</sup> About 3 WEEKS Ago  
Along with one for another corporation I own. I did not  
recieve these bills in JANUARY and therefore did  
not pay them or think about paying them, I have Always  
paid them on time (13 years) and would have had  
I received the first notice, I have sent the original  
\$150.00 had I paid before April. I can be reached  
at (386) 441-7024. IF I AM going to be  
required to pay the balance, I have a lot to  
do besides remembering this fee each year, which is  
what my Bookkeeper said. IF I didn't get a post card I  
should have downloaded the form.

GREG EVANS

1666 Ocean Shore Blvd. • Ormond Beach, FL 32176

386 ~~(904)~~ 441-7024 • Fax ~~(904)~~ 441-4810

email: Alfies1@aol.com

"We Love Company, Where Quality is Free"