


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

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



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3163431 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EVANS, GREGORY
STREET ADDRESS	1666 OCEAN SHORE BLVD
CITY-ST-ZIP	ORMOND BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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 F Evans **GREGORY F. EVANS** 1-21-07 386-441-5027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #