


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-13-2006 90062 029 ***150.00

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---|---------------------------------|----------------|-----------------|--|-------------|--|--|--|--|--|-------|------|--|----------------|--------------------|--|-------------|---|--|
| DOCUMENT # P93000051527 1. Entity Name KILLIANS CAFE RENTALS, INC. | | | |  | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 3333 W. KENNEDY BLVD. SUITE 101 TAMPA, FL 33609 | | | Mailing Address P.O. BOX 24207 TAMPA, FL 33623 US | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address <i>16305 Avila Blvd</i> | | | | | | | | | | | | | | | | | | | | | |
| City & State Zip | | City & State <i>Tampa, FL</i> Zip <i>33613</i> | | 4. FEI Number 59-3195648 | | | | | | | | | | | | | | | | | | | |
| Country Zip | | Country <i>USA</i> | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent SOHL, KENNETH M 3333 W. KENNEDY BLVD. SUITE 101 TAMPA, FL 33609 | | | | 7. Name and Address of New Registered Agent Name <i>Linda Haber</i> Street Address (P.O. Box Number is Not Acceptable) <i>16305 Avila Blvd</i> City <i>Tampa</i> FL Zip Code <i>33613</i> | | | | | | | | | | | | | | | | | | | |
| 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 <i>Linda Haber</i> DATE <i>3/8/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>SOHL, KENNETH M</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1015 GUI SANDO DE AVILA DRIVE TAMPA, FL 33613</td> <td></td> </tr> </table> | | | TITLE | NAME | Delete <input type="checkbox"/> | STREET ADDRESS | SOHL, KENNETH M | | CITY-ST-ZIP | 1015 GUI SANDO DE AVILA DRIVE TAMPA, FL 33613 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><i>Linda Haber</i></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><i>16305 Avila Blvd</i> <i>Tampa, FL 33613</i></td> <td></td> </tr> </table> | | | TITLE | NAME | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> | STREET ADDRESS | <i>Linda Haber</i> | | CITY-ST-ZIP | <i>16305 Avila Blvd</i> <i>Tampa, FL 33613</i> | |
| TITLE | NAME | Delete <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | SOHL, KENNETH M | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | 1015 GUI SANDO DE AVILA DRIVE TAMPA, FL 33613 | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | NAME | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | <i>Linda Haber</i> | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | <i>16305 Avila Blvd</i> <i>Tampa, FL 33613</i> | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | NAME | Delete <input type="checkbox"/> | STREET ADDRESS | | | CITY-ST-ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | NAME | Change <input type="checkbox"/> Addition <input type="checkbox"/> | STREET ADDRESS | | | CITY-ST-ZIP | | |
| TITLE | NAME | Delete <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | NAME | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | NAME | Delete <input type="checkbox"/> | STREET ADDRESS | | | CITY-ST-ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | NAME | Change <input type="checkbox"/> Addition <input type="checkbox"/> | STREET ADDRESS | | | CITY-ST-ZIP | | |
| TITLE | NAME | Delete <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | NAME | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | NAME | Delete <input type="checkbox"/> | STREET ADDRESS | | | CITY-ST-ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | NAME | Change <input type="checkbox"/> Addition <input type="checkbox"/> | STREET ADDRESS | | | CITY-ST-ZIP | | |
| TITLE | NAME | Delete <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | NAME | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | NAME | Delete <input type="checkbox"/> | STREET ADDRESS | | | CITY-ST-ZIP | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | NAME | Change <input type="checkbox"/> Addition <input type="checkbox"/> | STREET ADDRESS | | | CITY-ST-ZIP | | |
| TITLE | NAME | Delete <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | NAME | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | | | | | |
| 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: <i>Linda Haber</i> DATE <i>3/8/06</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | | | | | | | | | | | | | | | | | |