

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000090126**

1. Entity Name

**LA FIESTA PROPERTIES, INC.**



Principal Place of Business

**3670 US #1 SOUTH  
SUITE 200  
SAINT AUGUSTINE, FL 32086 US**

Mailing Address

**3670 US #1 SOUTH  
SUITE 200  
SAINT AUGUSTINE, FL 32086 US**



03292006 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3281231**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LAMENDOLA, BEN  
905 REDBUD TRAIL  
SAINT AUGUSTINE, FL 32086**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	LAMENDOLA, BEN
STREET ADDRESS	905 REDBUD TRAIL
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	VSD
NAME	LAMENDOLA, DEANNA
STREET ADDRESS	905 REDBUD TRAIL
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	D
NAME	MCCOLLERS, JOHN
STREET ADDRESS	6 CREEK VIEW WAY
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	FOLSOM, DOUGLASS SR
STREET ADDRESS	15 CARRIAGE CREEK
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/06-80005-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Deanna Lamendola, VP*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/06 904-777-7845**

Date

Daytime Phone #