


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000067448 1. Entity Name GOSSIPS RESTAURANT & COCKTAIL LOUNGE INC.	
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Principal Place of Business 536 W CHURCH ST ORLANDO, FL 32805 US	Mailing Address 536 W CHURCH ST ORLANDO, FL 32805 US
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04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3337313	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 WILSON, T A 5929 SIR HENRY ROAD ORLANDO, FL 32808

**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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNRO, EDWARD G 6620 CANTERLEA DRIVE ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, T A 5929 SIR HENRY ROAD ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GORDON, ROHAN 2881 TELESTAR AVE ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ATTERBURY, NIGEL 1087 ROYAL MARQUIS CR OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/09/07-80096-024 150.00

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: *Edward G. Munro*
EDWARD G. MUNRO TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07 **407-481-9227**
Date Daytime Phone #