
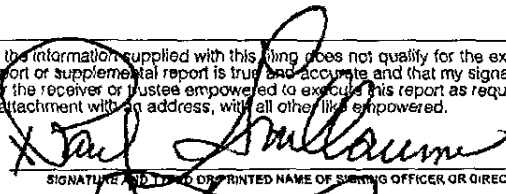


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

| | | |
|--|--|---|
| DOCUMENT # P96000080908 | |  |
| 1. Entity Name PROFESSIONAL RESTAURANTS INCORPORATING DESIGN AND EQUIPMENT, INC. | | |
| Principal Place of Business 2401 MCCLELLAN PKWY SARASOTA, FL 34239 | Mailing Address 2401 MCCLELLAN PKWY SARASOTA, FL 34239 | |
| DO NOT WRITE IN THIS SPACE | | |
| 8. Name and Address of Current Registered Agent GUILLAUME, PAUL 2401 MCCLELLAN PKWY SARASOTA, FL 34239 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| 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 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P GUILLAUME, PAUL 2401 MCCLELLAN PKWY SARASOTA, FL 34239 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
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| TITLE NAME 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:  | | 03/21/06 941-953-2164 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # |



03202006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0700481

| |
|----------------|
| Applied For |
| Not Applicable |

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

U00000480427
04/10/06-80042-018 150.00

**DO NOT WRITE
IN THIS SPACE**